American Heritage Life Insurance Company
4920 San Pablo Road S, Suite 200C
Jacksonville, FL 32224-1844

CLAIMS ADMINISTRATION DIRECT DEPOSIT AUTHORIZATION FORM

TRANSACTION TYPE: ☐ New Setup ☐ Cancellation ☐ Change Financial Institution ☐ Change Account Number

POLICY/CERTIFICATE HOLDER INFORMATION:

Policy/Certificate Holder Name: _____ Home Phone: _____

Policy/Certificate Number(s): _____

Social Security Number: _____

FINANCIAL INSTITUTION: ☐ Checking ☐ Savings

Financial Institution Name: _____

Financial Institution Address: _____

Account Number: _____ *Electronic Routing Transit Number: _____

*Some banks use a separate routing number specifically for electronic ACH deposits. Please verify the routing number with your bank.

A Voided Check or a Letter From Your Bank Must be Attached In Order to Credit Your Account for Claims Payments

Voided Check Requirements:
- Deposit slips are not accepted;
- Credit and debit cards are not accepted;
- Account holder's pre-printed name and address;
- Pre-printed account and transit number.

Bank Letter Requirements:
- Letter must be on bank letterhead;
- Include Account holder's name;
- Include Account holder's account number:
- Include Account holder's transit number.

Acceptable Accounts and Signatures:
- Policy/Certificate Holder
- Power of Attorney
- Beneficiary

AUTHORIZATION AND SIGNATURE:

I authorize American Heritage Life Insurance Company (AHL) to initiate credit entries to the account number shown above for claims payment for all of my AHL policies (unless benefits are assigned). I understand that AHL will make any adjustments, including the initiation of any credit or debit entries on the account, for the limited purpose of claims payment due to the account holder or due to AHL. Subject to local laws, AHL reserves the right to recover any credit entries made to my account in error.

Signing this Authorization will allow AHL to deposit claims payments for all eligible policies underwritten by AHL, excluding Life.

Although direct deposit (Electronic Funds Transfer) is my preferred method of payment there may be circumstances which require a paper check to be issued as opposed to a direct deposit. I understand when I do business with AHL and/or its affiliates, parent and subsidiaries, the electronic documents, disclosures and electronic signatures may be utilized by AHL. This authority is to remain in full force and effect until AHL has received written notification revoking the authority. The financial institution information above is complete and accurate and is that of the policy/certificate holder on file (unless the policy/certificate holder is incapacitated or deceased). I understand I must notify AHL immediately if my financial institution or account information has changed by sending written notification to the address indicated below.

Policy/Certificate Holder Signature: _____ Date: _____

Deliver the completed and signed authorization form with voided check or bank letter to:

Fax to: 1-866-424-8482 OR **Mail to:** The Standard
Attention: Claims ACH Department
4920 San Pablo Road S, Suite 200C
Jacksonville, FL 32224-1844

Should you have any questions, please contact us at 1-800-348-4489.