EZ-Pay Enrollment

AAFMAA
COMPASSION • TRUST • PROTECTION

Monthly payment by automatic transfer from your checking account

WHAT IS EZ-PAY?

EZ-Pay is a monthly automatic electronic funds transfer from your checking account for payment of premiums, dues and/or loan payments. Your bank account will be charged on or about the 2nd business day of each month. The first payment will include all past due premiums and/or dues, if applicable. You may cancel this authorization by notifying AAFMAA with 30 days written notice.

WHO CAN USE EZ-PAY?

This service is available only for U.S. Depository Institutions and for funds held and disbursed in U.S. dollars

WHY USE EZ-PAY?

There are no postage costs or monthly bank check charges. AAFMAA administrative costs will be reduced which allows us to maintain our low-cost insurance.

WHAT IF I ADD OR CANCEL INSURANCE COVERAGE?

The amount deducted from your bank account will automatically change to the new premiums and/or dues amount.

WHAT IF I CHANGE BANKS?

Notify AAFMAA as soon as possible and send a new EZ-Pay form and voided check from the new account.

WITH THIS FORM YOU MUST INCLUDE:

- **Check for one monthly payment.**
- **Blank check marked "VOID" (not deposit slip) with checking account information.**

If a voided check is not provided, AAFMAA will use the account information on this form. If the transaction fails, payment is due immediately to prevent loss of coverage.

If you have questions, contact AAFMAA Policy Services at 1-800-336-4538.

1. PAYER

Name *(Last, First MI)*		Policy Number(s)
		Social Security Number
Phone (☐ *Cell* ☐ *Home* ☐ *Work)*	Other Phone (☐ *Cell* ☐ *Home* ☐ *Work)*	Email

2. PAYMENT TYPE

☐ Monthly premiums on policies listed above (including dues if applicable)

☐ Monthly payments on all outstanding loans for $_____

I authorize AAFMAA to apply amounts received, in excess of premiums on existing AAFMAA life insurance policies, as follows:
- First, to accrued interest on any outstanding loans, oldest policy first
- Second, to the remaining principal on any outstanding loans, oldest policy first

3. BANK ACCOUNT. Complete this section only if you cannot provide a voided check.

Bank Name	ABA Routing Number	Account Number
Bank City and State	Account Type ☐ Checking* ☐ Savings **Default if no selection*	Memo_____ ⑆01234567891⑆ 0987654321⑈ 1234 ABA Routing Number Account Number
Account Holder Name *(if different from Payer)*		

4. SIGNATURE

I want to make payments toward my AAFMAA life insurance policies as designated above by monthly bank account withdrawal. I authorize AAFMAA to initiate on or about the 2nd business day of each month payment from my account. I authorize the depository institution named to make transfers from my account. I understand the amount will be adjusted by AAFMAA if I change my coverage, owe any past due amounts, or pay outstanding loans in full, and any overpayment will be refunded to me. This agreement will remain in effect unless either party cancels it with 30 day written notice. If this form is sent by facsimile machine (fax), the sender adopts the document received by AAFMAA as a duplicate original and adopts the signature produced by the receiving fax machine as the sender's original signature.

Payer Signature	Date Signed *(mm/dd/yyyy)* / /

When completed, email to: PolicyServices@aafmaa.com or fax to: 1-888-210-4882.

07/2015