



**American Heritage Life Insurance Company**  
 1776 American Heritage Life Drive  
 Jacksonville, Florida 32224  
 1-800-521-3535

## Payment Authorization

Use this form to authorize us to electronically deduct money from your checking or savings account to pay for American Heritage Life Insurance Company coverages.

### 1. Account Holder Information

Account Holder Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### 2. Account Information

Name of Financial Institution: \_\_\_\_\_

Branch Address: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACH/Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  Checking  Savings

**Attach a VOIDED check for checking account deductions.**

### 3. Deduction Information

Please choose the day of the month for the deductions: \_\_\_\_\_ (Choose any day 1–28.)

Deductions will be made monthly for the following policies:

Policy Number	Policyholder Name	Monthly Premium

Total Monthly Deduction: \_\_\_\_\_

If account holder is different from owner, please describe relationship: \_\_\_\_\_

### 4. Authorization

I authorize American Heritage Life Insurance Company (“AHL”) to initiate debit entries electronically to my account monthly in the amount indicated above and I authorize the financial institution named above to debit same to such account. This authorization remains effective and in full force until AHL and the financial institution have received written notification from me of its termination in such time and in such manner to afford AHL and the financial institution a reasonable opportunity to act on it.

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 5. Deliver this authorization to:

Fax to: 1-972-510-1794  
 Attn: Premium Administration Team 2

Mail to: Allstate Workplace Division  
 Attn: Premium Administration Team 2  
 1776 American Heritage Life Drive  
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