

## Electronic Funds Transaction Authorization

Send to: Continental American Insurance Company

Post Office Box 84075 Columbus, Georgia 31993 Phone: (800) 433-3036 Fax (866) 849-2970 Email: groupclaimfiling@aflac.com

I would like to:  Start Stop Change direct deposit of my claim payment(s).	
Start Stop Change direct deposit of my claim payment(s).	
Account Type:	Jane Doe 1001 1001
Checking Savings	PAY TO THE ORDER OF
**** Please provide a blank voided check or direct deposit form from your financial institution. Incomplete or inaccurate information will not be processed.	Your Bank Address of Your Bank Leneus, KS 66215  POR  1: 234,56789: #234,567# 200 2
9-Digit Routing Number:	Account Number:
Name of Financial Institution:	
Address:	City:
State: Zip:	Phone:
Authorization Agreement for Direct Deposit	
I authorize Continental American Insurance Company (CAIC) to initiate credit entries, and, if errors occur, I authorize the correction of entries to my account as indicated. This authorization remains effective and in full force until CAIC receives written notification from me of its termination in such time and in such manner to afford CAIC a reasonable opportunity to act on it. Please notify CAIC immediately if your financial institution information has changed by sending notification to the address indicated above. Should you have any questions, please contact us at 1-800-433-3036.	
Policy/Certificate Holder's Name ( <i>Print</i> ):	
Address:	City/State/Zip:
Phone #:	E-mail Address:
Employer Name or Group #:	Certificate #:
*By providing your e-mail address above, you consent to the use of electronic transactions in connection with your CAIC policies, contracts, and/or accounts to the extent available and permitted by law (which may include, but not limited to: invoices, claim correspondence, contracts, surveys, and other materials that CAIC is, or may be, legally required to deliver to you)	
Policy/Certificate Holder Signature (Required) Note: Forms received without signature will not be processed.  Date Signed:	

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