

BANK AUTHORIZATION



909 North Washington Street, Alexandria, VA 22314 ▪ 1-800-776-2322 ▪ www.afba.com

Customer Information

Please PRINT clearly. In order to verify the customer information, we also require the full name and Address, City, State and Zip Code on this request.

Name		SSN	
Address			
City	State	Zip Code	

Bank Account Information FOR POLICY #'s

In order to verify the bank information, we also require a voided check from your account to process this request.

Checking Account	Savings Account
Routing/Transit Number	Account Number
Name of Bank	City, State, Zip Code

Automatic Monthly Payment Information

Draft Day (1 st thru 28 th)	Monthly Premium
	\$

I/we hereby authorize 5Star to initiate debit entries, electronically, by paper means, or by other commercially accepted method to my/our checking account designated in this authorization. This authorization is to remain in full force and effect until 5Star has received notification from me/either of us of its termination at least two business days prior to the regularly scheduled draft day. I/we agree that 5Star shall be fully protected in making any such debit entry if 5Star does not receive sufficient notification to discontinue this agreement.

5Star may forward this authorization to your bank upon request.

Joint accounts require two signatures.

X _____
Account Signature

Date

X _____
Account Signature

Date

Return this form and your voided check to:

5Star Life Insurance Company
PO Box 83043
Lincoln, NE 68501-3043
866-863-9753