



**P.O. Box 278  
Duncan OK 73534-0278**

**AUTHORIZATION FOR DIRECT PAYMENT – BANK DRAFT FORM**

I authorize American Farmers & Ranchers Life and the bank or financial institution named below to deduct insurance payment from my checking or savings account. If any deduction is not honored by my bank or financial institution, the policies will be considered not paid. I may discontinue this plan by contacting American Farmers & Ranchers Life in writing. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

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

Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account No. \_\_\_\_\_ Checking  or Savings

Financial Institution (ABA) Routing Number \_\_\_\_\_

(between these symbols **⌚** **⌚** on the bottom left of your check)

Name of Payor (Please Print) \_\_\_\_\_

Address of Payor (Please Print) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Policy Numbers \_\_\_\_\_

Preferred Day of the Month to Draft (Select one date between the 1<sup>st</sup> and 28<sup>th</sup>) \_\_\_\_\_

\*Please note that you will not receive any further notice concerning the amount being drafted from your account unless the amount of the draft changes.

Signature of Payor \_\_\_\_\_ Date \_\_\_\_\_