

Authorization for Direct Payment

I authorize American Farmers & Ranchers Life and the bank or financial institution named below to deduct insurance payments from my checking or savings account. If my bank or financial institution does not honor any deduction, 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 three days before my account is charged.

Bank Draft Form

Name of Financial Institution:

Branch :

Phone:

Address:

City:

State:

Zip:

Account Number:

☐ Checking

☐ Savings

Financial Institution (ABA) Routing Number *(between these symbols : : on the bottom left of your check):*

Payor Information

Name of Payor (Please print):

Address:

City:

State:

Zip:

Policy Numbers:

Preferred Day of the Month to Draft (Select one date between the 1st and 28th):

**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: