



CHK 614

Requested Eff/1st Draft Date (MMDDYYYY)

(Must be less than 30 days from sign date)

AFBA/5Star Life Checkmatic Authorization Form Electronic Funds Transfer

List all Applicant/Insured's SSNs whose insurance coverage will be	paid with this Checkmatic: (Final Expense use only)
1. Applicant/ Insured's SSN:	2. Applicant/ Insured's SSN:
3. Applicant/ Insured's SSN:	4. Applicant/ Insured's SSN:
5. Applicant/ Insured's SSN:	6. Applicant/ Insured's SSN:
7. Applicant/ Insured's SSN:	8. Applicant/ Insured's SSN:
Payor's name as it appears on bank account. (Must be completed):	
Last Name	
First Name	M.I. Payor's SSN:
Address of Payor	
Address Line 2	
City	State Zip Zip — — — — — — — — — — — — — — — — — — —
Bank ABA No.* (First 9 digits on bottom left of check): Day of Deduction (01-28) (2W, 3W, 4W - Final Expense Only):	
Checking Savings Account Number*:	
Bank's Name and Address:	
I authorize AFBA/5Star Life to initiate electronic debit entries to my checking or savings account as indicated above. If the Day of Deduction specified is greater	

than 28, AFBA/5Star Life to initiate electronic debit entries to my checking or savings account as indicated above. If the Day of Deduction specified is greater than 28, AFBA/5Star will automatically default initial and subsequent debits entries to the first of the month. If the Day of Deduction falls on a non-business day in any given month, AFBA/5Star Life will default the electronic debit entry to the next business day. I understand that processing at my financial institution may result in the debit entry transaction being completed on a date different than specified above. I understand that I have the right to receive notice of each electronic debit entry that varies in amount from the previous entry, but I elect not to receive notice if such entry is less than or equal to the amount due for my monthly payment. I also understand that the amount will be automatically adjusted if I change my coverage, status, or the monthly contribution/premium changes due to entry into a new age bracket. In the event that my coverage is not paid current, I also authorize AFBA/5 Star Life to debit my account equal to the amount in arrears. I understand that I or my authorized representative have the right to make changes to or cancel this agreement at any time provided the change or cancellation request is received by AFBA/5Star Life in writing with at least 10 days advance notice before the next deduction is taken.

Payor's Signature

Date

*IMPORTANT: This service is available to members with checking accounts in most U.S. banks, credit unions and savings banks. The account must be in U.S. dollars. To start Checkmatic we must have your bank routing number and account number. These are printed on your checks. 6/14

Please detach and keep this portion for your records.

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Checkmatic Form R2014 Admin Office: 909 North Washington Street, Alexandria, Virginia 22314 • 1-800-776-2322 • www.afba.com 6/14 (8/14)