AFBA 5STAR LIFE INSURANCE COMPANY

CHK 614

AFBA/5Star Life Checkmatic Authorization Form

Electronic Funds Transfer

Requested Eff/1st Draft Date (MMDDYYYY)
(Must be less than 30 days from sign date.)
(Final Expense use only)

List all Applicant/Insured's SSNs whose insurance coverage will be paid with this Checkmatic:

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 ___ - ____

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 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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