

EZ-Pay Enrollment



Monthly payment by automatic transfer from your checking account

WHAT IS EZ-PAY?

EZ-Pay is a monthly automatic electronic funds transfer from your checking account for payment of premiums, dues and/or loan payments. Your bank account will be charged on or about the 2nd business day of each month. The first payment will include all past due premiums and/or dues, if applicable. You may cancel this authorization by notifying Armed Forces Mutual with 30 days written notice.

WHO CAN USE EZ-PAY?

This service is available only for U.S. Depository Institutions and for funds held and disbursed in U.S. dollars

WHY USE EZ-PAY?

There are no postage costs or monthly bank check charges. Armed Forces Mutual administrative costs will be reduced which allows us to maintain our low-cost insurance.

WHAT IF I ADD OR CANCEL INSURANCE COVERAGE?

The amount deducted from your bank account will automatically change to the new premiums and/or dues amount.

WHAT IF I CHANGE BANKS?

Notify Armed Forces Mutual as soon as possible and send a new EZ-Pay form and voided check from the new account.

WITH THIS FORM YOU MUST INCLUDE:

- **Check for one monthly payment.**
- **Blank check marked "VOID" (not deposit slip) with checking account information.**

If a voided check is not provided, Armed Forces Mutual will use the account information on this form. If the transaction fails, payment is due immediately to prevent loss of coverage.

If you have questions, contact Policy Services at 1-800-336-4538.

1. PAYER			Policy Number(s)
Name (Last, First MI)			Social Security Number
Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Other Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Email	


2. PAYMENT TYPE

- ☐ Monthly premiums on policies listed above (including dues if applicable)
- ☐ Monthly payments on all outstanding loans for \$_____

I authorize Armed Forces Mutual to apply amounts received, in excess of premiums on existing life insurance policies, as follows:

- First, to accrued interest on any outstanding loans, oldest policy first
- Second, to the remaining principal on any outstanding loans, oldest policy first

3. BANK ACCOUNT. Complete this section only if you cannot provide a voided check.

Bank Name	ABA Routing Number	Account Number
Bank City and State	Account Type <input type="checkbox"/> Checking* <input type="checkbox"/> Savings <small>*Default if no selection</small>	Memo _____  ABA Routing Number Account Number
Account Holder Name (if different from Payer)		

4. SIGNATURE

I want to make payments toward my life insurance policies as designated above by monthly bank account withdrawal. I authorize Armed Forces Mutual to initiate on or about the 2nd business day of each month payment from my account. I authorize the depository institution named to make transfers from my account. I understand the amount will be adjusted if I change my coverage, owe any past due amounts, or pay outstanding loans in full, and any overpayment will be refunded to me. This agreement will remain in effect unless either party cancels it with 30 day written notice. If this form is sent by facsimile machine (fax), the sender adopts the document received by Armed Forces Mutual as a duplicate original and adopts the signature produced by the receiving fax machine as the sender's original signature.

Payer Signature	Date Signed (mm/dd/yyyy) / /
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When completed, email to: PolicyServices@aafmaa.com or fax to: 1-888-210-4882.

Armed Forces Mutual | 1856 Old Reston Ave., Ste. 200, Reston, VA 20190 | 800-522-5221 | armedforcesmutual.com

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