



## Electronic Funds Transfer

Authorization to honor checks or electronic transfer of funds drawn by and payable to American Public Life Insurance Company (APL), Jackson, MS.

Bank Name	Branch Name (If any)
Bank Address (Street, City, State, & Zip Code)	

As a convenience to me, I hereby request and authorize you to pay and charge to my bank checking account checks or electronic transfer of funds drawn by and payable to the order of American Public Life Insurance Company, Jackson, Mississippi, provided there are sufficient collected funds in said account to pay the same upon presentation. It will not be necessary for any officer or employee of American Public Life Insurance Company to sign such checks or electronic transfer of funds. I agree that your rights in respect to each check or electronic transfer of funds shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such check or electronic transfer of funds.

I further agree that if any such check or electronic transfer of funds be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Name (Last, First, Middle Initial)		Social Security Number
Address (Street, City, State, & Zip Code)		
APL Policy Number	Cell Phone Number	Home Phone Number
Bank Account Number		Bank Routing Number

Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_