



APL Claims Department
P.O. Box 925
Jackson, MS 39205-0925

Phone: 800-256-8606
Fax: 877-365-9423
Web: www.ampublic.com

DIRECT DEPOSIT AUTHORIZATION

I hereby authorize American Public Life Insurance Company (APL) to initiate credit entries, at the Bank named below, for the purpose of receiving APL insurance claim payments, to my account indicated below. I authorize and request the bank named below to accept any credit entries by APL to my account indicated below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

Policyholder Information

Name (Last, First, Middle Initial):		Social Security Number:	
Address (Street, City, State, & Zip Code):		Cell Phone Number:	Home Phone Number:
Employer:			

Account Information (VOIDED Check or Deposit Slip Must Be Attached)

Bank Name:	Bank Address:
Routing Number:	
Account Number to Credit:	Account Type:

This authorization is to remain in effect until APL has received written notification from me of its termination to afford APL reasonable opportunity to act on it. APL reserves the right to discontinue your participation in the Direct Deposit of Insurance Claim Payments services at any time at its sole discretion. This authorization applies to benefits payable under all insurance policies held with American Public Life Insurance Company (APL).

**NOTE: THIS FORM MUST BE RECEIVED AND PROCESSED BEFORE
A PREAUTHORIZED PAYMENT CAN BE MADE.**

Signature: _____ Date: _____

Certain products administered by American Public Life are underwritten by American Fidelity Assurance Company.