



AFBA CHK 505

# AFBA Checkmatic Authorization Form Electronic Funds Transfer

AFBA USE ONLY  
 Application Enclosed

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

1. Applicant/ Insured's SSN:	<input type="text"/>	2. Applicant/ Insured's SSN:	<input type="text"/>
3. Applicant/ Insured's SSN:	<input type="text"/>	4. Applicant/ Insured's SSN:	<input type="text"/>
5. Applicant/ Insured's SSN:	<input type="text"/>	6. Applicant/ Insured's SSN:	<input type="text"/>
7. Applicant/ Insured's SSN:	<input type="text"/>	8. Applicant/ Insured's SSN:	<input type="text"/>

Payor's name as it appears on bank account:

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):

Checking  Savings Account Number\*:

Bank's Name and Address: \_\_\_\_\_

As a convenience to me, I authorize AFBA to initiate electronic debit entries on the 5th business day of each month to my checking or savings account as indicated on the attached voided check or savings deposit slip. I also request and authorize the financial institution named on the check/deposit slip to accept and honor the same and to debit the same to my account. 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 changes due to a birthday. This agreement will remain in effect until AFBA cancels it upon notice to me, or I notify AFBA in writing and at least 10 days in advance to cancel it.

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. Take a blank check from your checkbook and mark it "VOID." Return both the authorization and the voided check to the address below.

5/05 (6/08)

Please detach and keep this portion for your records.

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