



PAYMENT REQUESTS
FAX # (404) 926-4033

**AUTHORIZATION TO HONOR RECURRING DRAFTS/WITHDRAWALS/CHARGES MADE BY
 AND PAYABLE TO BANKERS FIDELITY LIFE INSURANCE COMPANY®, ATLANTA, GA**

I hereby authorize you to pay from and charge to my account listed below any draft, withdrawal or charge, including electronic transactions, made by and payable to Bankers Fidelity Life Insurance Company, Atlanta, GA for the premiums due on my insurance policy, provided there are sufficient funds in said account to honor such draft, withdrawal or charge upon presentation. I agree that your rights in respect to each draft, withdrawal or charge shall be the same as if it were a check, withdrawal or charge made personally by me.

This authorization shall remain in effect until Bankers Fidelity Life Insurance Company has received written notification from me revoking this authorization and in such manner as to afford reasonable opportunity to act upon it. I agree that if any draft, withdrawal or charge is dishonored or refused, you shall be under no liability whatsoever, even if such dishonor or refusal results in the forfeiture of insurance.

Policy Number:	Email Address:	Premium Mode: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	Desired Payment Date:
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AUTOMATIC BANK DRAFT

CHECKING AUTHORIZATION

SAVINGS ACCOUNT AUTHORIZATION

Attach a voided check if drafting from a checking account and a deposit slip if drafting from a savings account.

Name of Financial Institution:	Type of Financial Institution: <input type="checkbox"/> Bank <input type="checkbox"/> Credit Union
Routing/ABA Number:	Account Number:
Signature of Account Holder:	Date:

CREDIT CARD AUTHORIZATION

Type of Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> AMEX	Credit Card Number:	
Name of Card Holder as it appears on account: (Please Print)	Expiration Date: ____/____ Month Year	CVV:
Signature of Card Holder:	Date:	

FAMILY BILLING/LIST BILL

Multiple policies can be paid on a single automatic draft from the same account or billed on a single billing notice. The policies can be on one person or multiple insured, as long as they are billed on the same day. To set up Family Billing we will need the following information:

NOTE: Family Billing/List Bill must have the same Payor for all policies listed.

Name of Payor:	Social Security Number:
Email Address:	X X X - X X -

Policy # (if existing policy)	Name of Primary Insured	Premium Amount
		\$
		\$
		\$
Total Premium:		\$

Signature of Payor	Date
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