



AUTHORIZATION FOR DIRECT PAYMENT – BANK DRAFT FORM

I authorize American Farmers & Ranchers Life and the bank or financial institution named below to deduct insurance payment from my checking or savings account. If any deduction is not honored by my bank or financial institution, the policies will be considered not paid. I may discontinue this plan by contacting American Farmers & Ranchers Life in writing. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Name of Financial Institution _____

Branch _____

City _____ State _____ Zip _____

Account No. _____ Checking _____ or Savings _____

Financial Institution (ABA) Routing Number _____

(between these symbols **⑈**: **⑈**: on the bottom left of your check)

Name of Payor (Please Print) _____

Address of Payor (Please Print) _____

City _____ State _____ Zip _____

Policy Numbers _____

Preferred Day of the Month to Draft (Select one date) ___ 7th ___ 14th ___ 21st ___ 28th

Signature of Payor _____ Date _____

PLEASE ATTACH A CHECK MARKED “VOID” HERE

American Farmers & Ranchers Life Insurance Company
4400 Will Rogers Parkway **P.O. Box 25968**
Oklahoma City, OK 73108 **Oklahoma City, OK 73125**