



Payment Authorization Agreement – Enhanced Billing Solution

Policyholder / Applicant Information

Group Number: _____
Name: _____
Address: _____
City, State, ZIP: _____
Phone: _____
Email address: _____
Policy Numbers _____ Premium \$ _____
No. of policies [] Total: \$ _____

Deduction Information

For newly issued policies only: For ease of your policy administration, we will make the effective date of coverage the same as your selected draft date following the receipt of your application in worldwide headquarters if the policy is issued. Applicant's Initials _____

What is the deduction frequency of the Group (Please choose one)?

- Weekly Bi-Weekly Semi-Monthly Monthly Quarterly Semiannually Annually

Please provide the deduction day of the week: Monday Tuesday Wednesday Thursday Friday

Please provide the date of first deduction. _____

I choose to pay by electronic draft.

Draftee Name: _____
Depository Name/Branch: _____
City: _____ State: _____ ZIP: _____
Transit/ABA Number: _____
Account Number: _____ Checking Savings

I choose to pay by credit or debit card.

- Visa Credit card MasterCard Debit card American Express

Card Number: _____ Expiration Date: _____ CVV Code (back of card): _____

Confirmation / Authorization

I hereby authorize Aflac ("Company") to initiate debit entries to the deposit account designated above, at the financial institution ("Financial Institution") named above, using the Automated Clearing House ("ACH") or other payment transfer service chosen by Company from time to time. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and the Financial Institution a reasonable opportunity to act on it. I represent that (i) the credit or debit card ("Card") information provided above is accurate; and (ii) that I own the account (or have legal authority to use the account) being accessed by the Card provided. I understand and agree that Aflac will continue to initiate recurring debit entries or charges to the Card account beyond the expiration date of the Card and will automatically update the Card information as necessary to continue initiating debit entries or charges.

Account Holder's/Card Holder's Signature: _____ Date: _____
(If different from Policyholder/Applicant)

Policyholder's/Applicant's Signature: _____ Date: _____

Agent's Signature: _____ Writing Number: _____ Date: _____
(Required for SNG Only)