Pre-Authorized Payment Plan - Authorization Form

Issued by American National Insurance Company
One Moody Plaza, Galveston, TX 77550-7999

☐ American National Insurance Company (ANICO)
☐ American National Life Insurance Company of Texas (ANTEX)

* P A C *

Account Number

																					☐ Checking
																					☐ Savings

Name of Customer _____
Please Print

Bank Transit No. _____ Date _____

The undersigned requests the below named bank to honor debit entries, either by electronic or paper means, to my account and payable to American National. I agree that there shall be no liability, on your part, for any reason whatsoever, for payment or failure to pay any such debit item.

Bank _____ **Policy Number(s):**

Branch _____ _____

Street Address _____ _____

City _____ **State** _____ **ZIP** _____ _____

The undersigned has authorized the above named bank:

To honor debits made to my account by American National to pay premiums as they become due and payable.

If, at any time, I do not have on deposit, in said bank, available funds sufficient to pay such debits, the pre-authorized payment privilege shall be automatically discontinued. Premiums then due or becoming due thereafter must be paid in accordance with one of the other methods of premium payment available to the policyowner. It is understood and agreed that all debit entries are accepted by the Company subject to their being honored upon presentation.

Name of Insured if Other Than Customer _____

Address of Insured _____

CUSTOMER SIGNATURE _____

INSTRUCTIONS FOR COMPLETION
Please complete with the following:

Your Bank Account Number	Your Bank Signature	Company Indication
Name of Bank	Type of Account	Bank Branch (if any)
Policy Numbers	Street Address of Bank	Name of Insured
City and state where Bank is located	Address of Insured	

NOTE: <u>Make sure your bank will honor our debit entries, either by electronic or paper means, before returning to us.</u>

PLEASE ATTACH A "VOID" SPECIMEN OF CHECK IN THE SPACE PROVIDED.
USE ADHESIVE TAPE
DO NOT STAPLE OR GLUE
<u>ENSURE THAT ALL EDGES ARE TAPED SECURELY BEFORE SCANNING</u>