American Heritage Life Insurance Company
The Standard
4920 San Pablo Road S, Suite 200C
Jacksonville, FL 32224-6687

Telephone 1-800-521-3535
Facsimile 866-428-2516
https://www.standard.com/ahl

Premium and Billing Change Request

Policy Number(s) _____ **Owner's Name** _____

Policy Owner Mailing Address _____
(Street) (Apt)

_____ ❑ ***Check if this is a new address***
(City) (State) (Zip)

Agent Name and Number _____

Agent Use Only – subject to AHL rules, send all items to be returned to: ❑ Agent ❑ Owner

❑ **1. Pre-authorized Check Plan (PAC)**

Account Holder's Name: _____ Phone: (____) _____

Address: _____ City: _____ State: ____ Zip: _____

Name of Financial Institution: _____

Branch Address: _____

❑ Savings

ACH/Routing Number: _____ Account Number: _____ ❑ Checking

For saving accounts attach bank document account verification
For checking accounts attach voided check

Please choose the day of the month for the deductions: _____ (Choose any day 1 – 28)

Deductions will be made ❑ Monthly ❑ Semi-Annually ❑ Annually for the following policies:

Policy Number	Policyholder Name	Premium Amount

Total Deduction: _____

If account holder is different from policy owner, please describe relationship: _____

I authorize American Heritage Life Insurance Company ("AHL") to initiate debit entries electronically to my account, and in the amount and frequency, indicated above and I authorize the financial institution named above to debit same to such account. This authorization remains effective and in full force until AHL and the financial institution have received written notification from me of its termination in such time and in such manner to afford AHL and the financial institution a reasonable opportunity to act on it.

Account Holder's Signature: _____ Date: _____

❑ **2. Request to Cancel** *(Health policies only; if requesting to cancel a life insurance policy a separate form is required. If your premiums are payroll deducted you may be subject to IRS Section 125 rules.)*

❑ **3. Change Payment Method to Direct Billing**

❑ **4. Change Payment Method to Coupon Billing**

❑ **5. Change Bank Account Number from** _____ **to** _____

Please sign below when requesting options 2 - 5. Thank you.

Owner's Signature: _____ Date: _____