

Authorization Agreement for Automatic Deposits (Credits)

Name of Employer		Daytime Phone
Name of Employee (Last, First, M.I.)		Social Security #
Address	City & State	Zip Code
Deposit into my (Check One): ___ Checking Account ___ Saving Account		

I hereby authorize American Fidelity Assurance (AFA) Company to make deposits into my account. I understand that it will take approximately two weeks from the date that AFA receives this authorization for direct deposits to begin.

This authority is to remain in full force and effect until AFA has received written notification from me of its termination in such time and such manner as to afford AFA and my financial institution a reasonable opportunity to act on it.

Signature

Date

NOTE: VOIDED CHECK MUST BE ATTACHED HERE

Return to:

American Fidelity Assurance Company
Flex Account Administration
P O Box 25510
Oklahoma City Oklahoma 73125