AFBA Checkmatic Authorization Form
Electronic Funds Transfer

List all Applicant/Insured's SSNs whose insurance coverage will be paid with this Checkmatic:

1. Applicant/Insured's SSN: ☐☐☐ – ☐☐ – ☐☐☐☐

2. Applicant/Insured's SSN: ☐☐☐ – ☐☐ – ☐☐☐☐

3. Applicant/Insured's SSN: ☐☐☐ – ☐☐ – ☐☐☐☐

4. Applicant/Insured's SSN: ☐☐☐ – ☐☐ – ☐☐☐☐

5. Applicant/Insured's SSN: ☐☐☐ – ☐☐ – ☐☐☐☐

6. Applicant/Insured's SSN: ☐☐☐ – ☐☐ – ☐☐☐☐

7. Applicant/Insured's SSN: ☐☐☐ – ☐☐ – ☐☐☐☐

8. Applicant/Insured's SSN: ☐☐☐ – ☐☐ – ☐☐☐☐

Payor's name as it appears on bank account. (Must be completed):

Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ M.I. ☐ Payor's SSN: ☐☐☐ – ☐☐ – ☐☐☐☐

Address of Payor: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Address Line 2: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ State: ☐☐ Zip: ☐☐☐☐☐ – ☐☐☐☐

Bank ABA No.* (First 9 digits on bottom left of check): ☐☐☐☐☐☐☐☐☐ Day of Deduction (01-28): ☐☐

○ Checking ○ Savings Account Number*: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Bank's Name and Address: _____

I authorize AFBA to initiate electronic debit entries to my checking or savings account as indicated above. If the Day of Deduction specified is greater than 28, AFBA will automatically default initial and subsequent debit entries to the first of the month. If the Day of Deduction falls on a non-business day in any given month, AFBA will default the electronic debit entry to the next business day. I understand that processing at my financial institution may result in the debit entry transaction being completed on a date different than specified above. I understand that I have the right to receive notice of each electronic debit entry that varies in amount from the previous entry, but I elect not to receive notice if such entry is less than or equal to the amount due for my monthly payment. I also understand that the amount will be automatically adjusted if I change my coverage, status, or the monthly contribution changes due to entry into a new age bracket. In the event that my coverage is not paid current, I also authorize AFBA to debit my account equal to the amount in arrears. I understand that I or my authorized representative have the right to make changes to or cancel this agreement at any time provided the change or cancellation request is received by AFBA in writing with at least 10 days advance notice before the next deduction is taken. To fund member death benefits, AFBA will use some or all contributions to purchase life insurance from its affiliate, 5 Star Life Insurance Company.

Payor's Signature _____ Date _____

*IMPORTANT: This service is available to members with checking accounts in most U.S. banks, credit unions and savings banks. The account must be in U.S. dollars. To start Checkmatic we must have your bank routing number and account number. These are printed on your checks.

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