



Electronic Funds Transaction Authorization

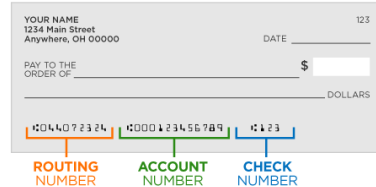
Send to: **Continental American Insurance Company**
Mail: Post Office Box 427 Columbia, South Carolina 29202
Phone: (800) 433-3036 Fax (866) 849-2970
Email: groupclaimfiling@aflac.com

I would like to:

☐ Start ☐ Stop ☐ Change direct deposit of my claim payment(s).

Account Type:

☐ Checking ☐ Savings ☐ Other



9-Digit Routing Number:

Account Number:

Remember: The 9-digit number on a deposit slip is not a routing number.
You can obtain the routing number from a check or from your financial institution. *See example above.*

Name of Financial Institution:

Address:

City:

State:

Zip:

Phone:

Authorization Agreement for Direct Deposit

I authorize Continental American Insurance Company (CAIC) to initiate credit entries, and, if errors occur, I authorize the correction of entries to my account as indicated. This authorization remains effective and in full force until CAIC receives written notification from me of its termination in such time and in such manner to afford CAIC a reasonable opportunity to act on it. Please notify CAIC immediately if your financial institution information has changed by sending notification to the address indicated above. Should you have any questions, please contact us at 1-800-433-3036.

Certificateholder's Name (*Print*):

Address:

City/State:

Zip:

Phone #:

Employer Name or Group #:

Certificate #:

Signature:

Date:

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. Aflac is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, coverage is underwritten by Continental American Life Insurance Company. For groups situated in New York, coverage is underwritten by American Family Life Assurance Company of New York.