



Allstate
Benefits

American Heritage Life Insurance Company
Allstate Benefits
1776 American Heritage Life Drive
Jacksonville, Florida 32224

Telephone 1-800-521-3535
Facsimile 866-428-2516
www.allstatebenefits.com

Cancellation of Recurring Automatic Payment of Premium Request

This form is for the cancellation of an existing Recurring Automatic Payment of Premium Authorization only.

Policy Owner's Name: _____ Phone: (____) _____

Policy Owner Mailing Address _____
(Street) (Apt)

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

Policy Number

Premium Amount

Bank ACH/Routing Number: _____ Bank Account Number: _____
 Savings Checking

I hereby revoke authorization for American Heritage Life Insurance Company ("AHL") to initiate recurring withdrawal entries from the bank account indicated above. I understand this form must be received and acknowledged by AHL at least 10 days prior to the next scheduled withdrawal date. If AHL is unable to accommodate this request, AHL will not be liable for any penalties or charges assessed against the account indicated above.

Account Holder's Signature: _____ Date: _____