

# American Heritage Life Insurance Company

1776 American Heritage Life Drive  
Jacksonville, Florida 32224



## CLAIMS ADMINISTRATION DIRECT DEPOSIT AUTHORIZATION FORM

**(Walmart Associates Use Only):**

<b>TRANSACTION TYPE:</b> <input type="checkbox"/> New Setup <input type="checkbox"/> Cancellation <input type="checkbox"/> Change Financial Institution <input type="checkbox"/> Change Account Number
<b>POLICY/CERTIFICATE HOLDER INFORMATION:</b> Policy/Certificate Holder Name: _____ Home Phone: _____ Policy/Certificate Number(s): _____ Social Security Number: _____
<b>FINANCIAL INSTITUTION:</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Network Card Financial Institution Name: _____ Financial Institution Address: _____ Account Number: _____ *Electronic Routing Transit Number: _____ <small>*Some banks use a separate routing number specifically for electronic ACH deposits. Please verify the routing number with your bank.</small> <b>You may also visit <a href="http://www.allstatebenefits.com/walmart">www.allstatebenefits.com/walmart</a> to complete this form electronically.</b>

Authority is hereby given to American Heritage Life Insurance Company (AHL) to credit the account number shown below for claims payment for all of your AHL policies (unless benefits are assigned). AHL will make any adjustments, including the initiation of any credit or debit entries on the account, for the limited purpose of claims payment due to the account holder or due to AHL. Once the deposit transaction occurs, AHL has five days to withdraw only the amount deposited if an error has occurred.

Signing this Authorization will allow AHL to deposit claims payments for all eligible policies. Direct deposit benefit checks will apply to all products underwritten by AHL, excluding Life. Unfortunately, if an insured has assigned benefits to a physician, hospital, another person, etc. the benefit check cannot be direct deposited.

Although direct deposit (Electronic Funds Transfer) is my preferred method of payment there may be circumstances which require a paper check to be issued as opposed to a direct deposit. I understand when I do business with AHL and/or its affiliates, parent and subsidiaries, the electronic documents, disclosures and electronic signatures may be utilized by AHL. This authority is to remain in full force and effect until AHL has received written notification revoking the authority. Your policy/certificate holder information and your financial institution information above must be complete and accurate and must be that of the policy/certificate holder on file. To ensure accuracy, a voided check or a bank letter must be attached. Please notify AHL immediately if your financial institution or account information has changed by sending written notification to the address indicated below. Should you have any questions, please contact us at 1-800-348-4489.

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Deliver the completed and signed authorization form with voided check or bank letter to:**

**Fax to:** 1-866-424-8482

**OR**

**Mail to:** Allstate Benefits  
Attention: Claims ACH Department  
1776 American Heritage Life Drive  
Jacksonville, FL 32224-6687