1776 American Heritage Life Drive Jacksonville, Florida 32224

Allstate Benefits

CLAIMS ADMINISTRATION DIRECT DEPOSIT AUTHORIZATION FORM

(Walmart Associates Use Only):

TRANSACTION TYPE: New Setup Cancellation Char	nge Financial Institution
POLICY/CERTIFICATE HOLDER INFORMATION:	
Policy/Certificate Holder Name:	Home Phone:
Policy/Certificate Number(s):	
Social Security Number:	
FINANCIAL INSTITUTION: Checking Savings Money	
Financial Institution Name:	
Financial Institution Address:	
Account Number: *	
*Some banks use a separate routing number specifically for electron	
You may also visit <u>www.allstatebenefits.com/v</u>	valmart to complete this form electronically.
Find Routing Number on Your Check	
	If you selected Money Network Paycard, we will need
Your Address	the account number associated with your Walmart Money Network Paycard. The account number is
DATE	different from the 16 digit number on the front of your
DOLLARS	MasterCard. You can find the account number associated with your Money Network Paycard on the
Your Bank Name	Welcome letter you received with the card or you can

Service Department at 1-800-903-4698.
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

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. 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. If you wish to use your checking account, 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 **1-800-514-9525**.

Authorization Signature:			Date:		
Print Name:					
Deliver the completed and signed authoriz Fax to: 1-866-424-8482	zation form with voided OR	check or bank let Mail to:	ter to: Allstate Benefits Attention: Claims ACH Department 1776 American Heritage Life Drive Jacksonville, FL 32224-6687		
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