



**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

**Premium and Billing Change Request**

**Policy Number(s)** \_\_\_\_\_ **Owner's Name** \_\_\_\_\_

**Policy Owner Mailing Address** \_\_\_\_\_  
 \_\_\_\_\_ (Street) \_\_\_\_\_ (Apt)  
 \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)  **Check if this is a new address**

**Agent Name and Number** Stacey Krings 3T0A2

**Agent Use Only – subject to AHL rules, send all items to be returned to:**  Agent  Owner

**1. Pre-authorized Check Plan (PAC)**

Account Holder's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Branch Address: \_\_\_\_\_

ACH/Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  Savings  Checking

**For saving accounts attach bank document account verification**  
**For checking accounts attach voided check**

Please choose the day of the month for the deductions: \_\_\_\_\_ (Choose any day 1 – 28)

Deductions will be made  Monthly  Semi-Annually  Annually for the following policies:

Policy Number	Policyholder Name	Premium Amount
_____	_____	_____
_____	_____	_____

Total Deduction: \_\_\_\_\_

If account holder is different from policy owner, please describe relationship: \_\_\_\_\_

**I authorize American Heritage Life Insurance Company ("AHL") to initiate debit entries electronically to my account, and in the amount and frequency, indicated above and I authorize the financial institution named above to debit same to such account. This authorization remains effective and in full force until AHL and the financial institution have received written notification from me of its termination in such time and in such manner to afford AHL and the financial institution a reasonable opportunity to act on it.**

Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Request to Cancel** (Health policies only; if requesting to cancel a life insurance policy a separate form is required. If your premiums are payroll deducted you may be subject to IRS Section 125 rules.)

**3. Change Payment Method to Direct Billing**

**4. Change Payment Method to Coupon Billing**

**5. Change Bank Account Number from** \_\_\_\_\_ **to** \_\_\_\_\_

Please sign below when requesting options 2 - 5. Thank you.

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_