Pre-Authorized Payment Plan - Authorization Form

Issued by American National Insurance Company
One Moody Plaza, Galveston, TX 77550-7999

☐ American National Insurance Company (ANICO)
☐ American National Life Insurance Company of Texas (ANTEX)

* P A C *

Account Number

☐ **Checking**
☐ **Savings**

Name of Customer _____
Please Print

Bank Transit No. _____ **Date** _____

The undersigned requests the below named bank to honor debit entries, either by electronic or paper means, to my account and payable to American National. I agree that there shall be no liability, on your part, for any reason whatsoever, for payment or failure to pay any such debit item.

Bank _____ **Policy Number(s):**

Branch _____ _____

Street Address _____ _____

City _____ **State** _____ **ZIP** _____ _____

The undersigned has authorized the above named bank:

To honor debits made to my account by American National to pay premiums as they become due and payable.

If, at any time, I do not have on deposit, in said bank, available funds sufficient to pay such debits, the pre-authorized payment privilege shall be automatically discontinued. Premiums then due or becoming due thereafter must be paid in accordance with one of the other methods of premium payment available to the policyowner. It is understood and agreed that all debit entries are accepted by the Company subject to their being honored upon presentation.

Name of Insured if Other Than Customer _____

Address of Insured _____

Email _____

Authorized Bank Account Signature _____

Authorized Joint Bank Account Signature _____

INSTRUCTIONS FOR COMPLETION

Please complete with the following:

Company Indication	Bank Transit Number	Street Address of Bank	Address of Insured
Your Bank Account Number	Date	City and State where Bank is located	Email
Type of Account	Name of Bank	Policy Numbers	Your Authorized Bank Account Signature
Name of Customer	Bank Branch (if any)	Name of Insured	Joint Bank Account Signature

NOTE: Make sure your bank will honor our debit entries, either by electronic or paper means, before returning to us.

PLEASE ATTACH A "VOID" SPECIMEN OF CHECK IN THE SPACE PROVIDED.

USE ADHESIVE TAPE

DO NOT STAPLE OR GLUE

ENSURE THAT ALL EDGES ARE TAPED SECURELY BEFORE SCANNING