

American Income Life Insurance Company

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AIL of New Zealand Ltd

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Direct Bank Credit Authorisation Form

Sign and complete this form to authorise American Income Life Insurance Company to make an electronic deposit to your cheque or savings account.

Please complete the information below:

I _____ authorise American Income Life Insurance Company to
(Full name)
deposit claim payments to my financial institution electronically. I understand that American Income Life Insurance Company will reverse any payments made to my account in error. I further understand that American Income Life Insurance Company will comply with the National Automated Clearing House Association's rules. For further information on these guidelines, please contact your financial institution.

Billing Address _____

Phone# _____

City, Post Code _____

Email _____

Account Type: Cheque Savings

Name on Acct _____

Bank Name _____

Account Number _____

Branch Name _____

Please include one of the following materials:

- 1) Printed account verification screen signed and stamped with the bank stamp.
- 2) A PDF bank statement
- 3) A screen shot from a Mobile Bank device

SIGNATURE _____

DATE _____