

AUTO PAY
Automatic Bank Draft
Enrollment Form

I (we) authorize American Savings Life Insurance Company to automatically debit the bank account shown below for payment of the monthly amount due on my account . I understand that it is my responsibility to notify American Savings Life Insurance Company, in writing at least 10 days prior to the scheduled withdrawal date, if I change banks or account numbers, or wish to cancel this draft for any reason. This authorization will be in effect until either party gives written notice to the other of termination. I understand my notice of termination must be received at least 10 days prior to the scheduled withdrawal date.

Customer Information

Customer: _____ ASL Account No: _____

Customer's Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Bank Account Information

Account Type: Checking ____ Savings ____ Bank Acct. No: _____

Bank Name: _____ Routing No: _____

Signature: _____ Date Signed: _____

Mail completed enrollment form with voided check to:
American Savings Life Insurance Company
935 E. Main Street, Suite 100
Mesa, Arizona 85203

Questions? Call 480-835-5000 or toll free at 1-800-880-2112

IMPORTANT: Please attach a voided check with current account information.