

AUTO PAY
Automatic Bank Draft
Enrollment Form

I/We authorize American Savings Life Insurance Company to debit my checking or savings account for my monthly mortgage payment. Additionally, if I/we have a loan that is escrowed for taxes and/or insurance, our total monthly payment amount may vary with changes in my escrow requirements. I/We understand that it is our responsibility to notify American Savings Life Insurance Company, in writing at least 15 days prior to the scheduled withdrawal date of a change in banks or account numbers. I/We also understand that we must send in written notification at least 15 days prior to the scheduled withdrawal date to cancel or to make any changes. I/We have the responsibility to ensure that we give the correct routing and account numbers. If the numbers you give us do not work and the draft fails, you will be charged a \$20 fee plus you will be subject to any late fees that may be due on your account. I/We also understand that if at any time an overdraft should occur, a \$20 non-sufficient funds (NSF) fee will be charged to your account.

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: _____

Date to be Drafted: _____

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.