



# Pre-Authorized Payment Plan - Authorization Form

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Issued by American National Insurance Company  
One Moody Plaza, Galveston, TX 77550-7947

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- ☐ American National Insurance Company  
☐ American National Life Insurance Company of Texas



## Bank Account Information:

The undersigned account holder requests that policy premiums specified below be paid by electronic debit by the bank named in this request. If at any time funds in my account are insufficient to pay these debits, the pre-authorized payment privilege will 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. I understand and agree that all debits are accepted by the Company subject to their being honored upon presentation.

### Transit Number

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### Account Number

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<input type="checkbox"/>	Checking
<input type="checkbox"/>	Savings

Print Name of Bank Account Holder \_\_\_\_\_

Signature of Bank Account Holder \_\_\_\_\_

Signature of Joint Bank Account Holder \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## Policy Information: Policy Numbers

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## Premium Section: Used only for Flexible Premium policies

- ☐ I authorize American National Insurance Company to debit \$ \_\_\_\_\_ from the above named bank for premiums.  
☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

## Scheduled Loan Repayment: Used only if policy currently has an outstanding loan

- ☐ I authorize American National Insurance Company to deduct \$ \_\_\_\_\_ monthly for my scheduled loan repayment.  
(Minimum \$15.00)

## Authorization to draft all premiums due section:

I authorize American National Insurance Company to debit my account for all premiums necessary to pay my policy current.

- ☐ Check if a payment is enclosed.

Insured Name \_\_\_\_\_ Date \_\_\_\_\_

Owner/Controller Name \_\_\_\_\_ Owner/Controller Signature \_\_\_\_\_

Joint Owner Name \_\_\_\_\_ Joint Owner Signature \_\_\_\_\_

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