

Pre-Authorized Payment Plan - Authorization Form

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	Account Number	
		Checking Savings
Print Name of Bank Account Holder		
Signature of Bank Account Holder		
Signature of Joint Bank Account Hold	er	
Bank	Branch	
Street Address		
City	State ZIP	
Premium Section: Used only for Flexib ☐ I authorize American National Insurance ☐ Monthly ☐ Quarterly ☐ Semiannus Scheduled Loan Repayment: Used onl	be Company to debit \$ from the above named bank for pally	
☐ I authorize American National Insural (Minimum \$15.00)	nce Company to deduct \$ monthly for my scheduled lo	an repayment.
Authorization to draft all premiums due I authorize American National Insurance ☐ Check if a payment is enclosed.	e section: Company to debit my account for all premiums necessary to pay my poli	cy current.
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