



APL Claims Department  
P.O. Box 248950  
Oklahoma City, OK 73124-8950

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Fax: 877-365-9423  
www.ampublic.com

## DIRECT DEPOSIT AUTHORIZATION

I hereby authorize American Public Life Insurance Company (APL) to initiate credit entries, at the bank named below, for the purpose of receiving APL insurance claim payments, to my account indicated below. I also authorize APL to debit my account for any deposits made in error. I authorize and request the bank named below to accept any credit entries by APL to my account indicated below. I acknowledge that the origination of ACH transaction to my account must comply with the provisions of U.S. Law.

### Policyholder Information

Name (Last, First, Middle Initial)		Social Security Number	
Address (Street, City, State, & Zip Code)		Cell Phone Number	Home Phone Number
Employer			

### Account Information (VOIDED Check or Deposit Slip Must Be Attached)

Bank Name	Bank Address
Routing Number	
Account Number to Credit	Account Type

This authorization is to remain in effect until APL has received written notification from me of its termination to afford APL reasonable opportunity to act on it. APL reserves the right to discontinue your participation in the Direct Deposit of Insurance Claim Payments services at any time at its sole discretion. This authorization applies to benefits payable under all insurance policies held with American Public Life Insurance Company (APL).

**NOTE: THIS FORM MUST BE RECEIVED AND PROCESSED BEFORE  
A PREAUTHORIZED PAYMENT CAN BE MADE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_