

| Send to: | Continental American Insurance Company |
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| | Post Office Box 84080 |
| | Columbus, Georgia 31993-4080 |

Phone: (800) 433-3036 Fax (706) 243-7577 Email: <u>chevronclaims@aflac.com</u>

| Authorization | Agreement | for Direct Deposit |
|---------------|-----------|--------------------|
| | | |

| I would like to: Start Stop Change direct deposit of my claim payment(s). | | | | |
|---|--|--|--|--|
| Account Type: | | Jane Doe 1001 1234 Man St. Apt 101 | | |
| Checking Savings | | Lereva, KS 65215 DATE | | |
| direct deposit form | e a blank voided check or from your financial | Your Bank Address of Your Bank Lenexa, KS 66215 FOR ***1234,5578 | | |
| institution. Incomplete or inaccurate information will not be processed. | | Bank Routing Number Bank Account Number | | |
| 9-Digit Routing Number: | | Account Number: | | |
| Name of Financial Institution: | | | | |
| Address: | | City: | | |
| State: | Zip: | Phone: | | |
| I authorize Continental American Insurance Company (CAIC) to initiate credit entries, and, if errors occur, I authorize the correction of entries to my account as indicated. This authorization remains effective and in full force until CAIC receives written notification from me of its termination in such time and in such manner to afford CAIC a reasonable opportunity to act on it. Please notify CAIC immediately if your financial institution information has changed by sending notification to the address indicated above. Should you have any questions, please contact us at 1-800-433-3036. | | | | |
| Policy/Certificate Holder's Name (Print): | | | | |
| Address: | | City/State/Zip: | | |
| Phone #: | | E-mail Address: | | |
| Employer Name or Group #: CHEVRON Group 23041 | | Certificate#: | | |
| | | | | |

***By providing your e-mail address above, you consent to the use of electronic transactions in connection with your CAIC policies, contracts, and/or accounts to the extent available and permitted by law (which may include, but not limited to: invoices, claim correspondence, contracts, surveys, and other materials that CAIC is, or may be, legally required to deliver to you)

Note: Forms received without signature will <u>not</u> be processed. Electronic signatures not accepted. **Policy/Certificate Holder Signature** (*Required*)

Date Signed:

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. Aflac is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups sitused in California, coverage is underwritten by Continental American Life Insurance Company. For groups sitused in New York, coverage is underwritten by American Family Life Assurance Company of New York.