



**PAYMENT AUTHORIZATION**

DATE: \_\_\_\_\_

I hereby authorize AFLAC to deduct \$ or % \_\_\_\_\_ from my Monthly Accounting Statement and pay the same to AFLAC Federal Credit Union ("Credit Union"). It is understood and agreed that the above mentioned amount could change from time to time at my written request. I further authorize AFLAC to provide the Credit Union with my monthly earnings information, including statement balances, and information relating to my current business and residence address and telephone numbers.

If my contract with AFLAC is terminated, whether voluntary or involuntary, or if any loan account in the Credit Union on which my name appears a maker or guarantor becomes delinquent or is demanded, I authorize AFLAC to direct any and all monies due to me to the Credit Union until all loans are paid or brought current.

In the event a loan payment reduces a loan balance to zero, I authorize the Credit Union to continue receiving that payment amount as part of my total deduction, and to deposit those applicable payments into my savings account until otherwise instructed in writing.

I hereby authorize AFLAC to release income information to the Aflac Federal Credit Union relative to any present or future loans that I may have at the Credit Union.

Signature: \_\_\_\_\_ Writing Number: \_\_\_\_\_

SS#: \_\_\_\_\_ Credit Union Account #: \_\_\_\_\_

**Do not write below this line, for office use only.**

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Effective Date: ASAP

Writing Number: \_\_\_\_\_

Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

**001- Loans**

**002 - Savings**

Old: \_\_\_\_\_

Old: \_\_\_\_\_

New: \_\_\_\_\_

New: \_\_\_\_\_

Initials: \_\_\_\_\_