

POLICY CANCELLATION REQUEST

Mail to: POLICY SERVICE DEPARTMENT
PO Box 2549 – Waco, TX 76702-2549

OR

Fax To: 254-297-2105
Scan/Email To: POS@aatx.com

Policy Number: _____

Name of Owner: _____ Insured's Name: _____
(PLEASE PRINT)

Address: _____ City, State, Zip: _____

SS#: _____ DOB: _____ Telephone #: _____

I wish to cancel this policy and receive any policy values due me.

Reason for cancellation request: _____

- Mail check to the address above. (If the check is not received within 30 days from the date mailed, please contact our office to have a replacement check issued.)**
- Direct Deposit to my bank account. (Provide complete bank account information below). (Direct Deposit is the fastest, most reliable way of receiving your money!)**

For security reasons, handwritten signatures are verified on all requests over \$5,000.00. Since signatures may change over time, please include a clear copy of a form of ID with your current signature.

Policy Owner's Signature: _____ Date: _____

Bank Name – City, State: _____

The diagram shows a check from JOHN J. TAXPAYER and MARY S. TAXPAYER, 900 N 500 W, My Town, UT 84000. The check number is 1234. The routing number is 250250025 and the account number is 00009876543. The check is payable to MY TOWN BANK, My Town, UT 84000. The check number 1234 is circled with a note: "Do not include the check number". Below the check, there are input fields for the routing number (2 5 0 2 5 0 0 2 5) and account number (0 0 0 0 9 8 7 6 5 4 3). The routing number field is labeled "Enter routing number" and the account number field is labeled "Enter account number". Below these fields, there are checkboxes for "Checking" (checked with an 'X') and "Savings".

9-digit Transit/ABA Number: _____ Account #: _____

Account Holder(s) Name: _____

Type of Account: Checking: (___) Savings: (___)