State Sponsored Life Insurance (SSLI)
110 W Johnson Street, Suite 300
Staunton, VA 24401
(800) 462-7441

Direct Debit/Bill Enrollment Form

Name: _____ SSN or SSLI Account #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

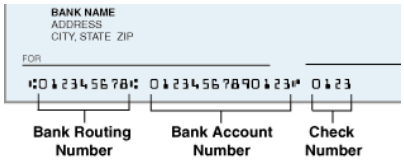
Please complete either section A or B

A - DIRECT DEBIT AUTHORIZATION

Bank Name _____

Routing Number | | | | | | | | | | ☐ Checking ☐ Savings

Account Number | | | | | | | | | | | | | | | |



Debit Date (select one)	Frequency (select one)
○ 1st	○ Monthly (**minimum $25.00**)
○ 15th	○ Quarterly (Monthly Cost x 3)
	○ Semi-Annually (Monthly Cost x 6)
	○ Annually (Monthly Cost x 12)

Debit Authorization Statement

By signing below, I authorize AFBA to initiate electronic debit entries to my checking or savings account as indicated above. If the Day of Deduction falls on a non-business day in any given month, AFBA will default the electronic debit entry to the next business day. I understand that processing at my financial institution may result in the debit entry transaction being completed on a date different than specified above. I understand that I have the right to receive notice of each electronic debit entry that varies in amount from the previous entry, but I elect not to receive notice if such entry is less than or equal to the amount due for my monthly payment. I also understand that the amount will be automatically adjusted if I change my coverage, status, or the monthly contribution changes due to entry into a new age bracket. In the event that my coverage is not paid current, I also authorize AFBA to debit my account equal to the amount in arrears. I understand that I or my authorized representative have the right to make changes to or cancel this agreement at any time provided the change or cancellation request is received by AFBA in writing with at least 10 days advance notice before the next deduction is taken. To fund member death benefits, AFBA will use some or all contributions to purchase life insurance from its affiliate, 5 Star Life Insurance Company.

B - DIRECT BILL AUTHORIZATION

Please bill me at my address above: ○ Quarterly ○ Semi-Annually ○ Annually

There is a $25.00 minimum for bills. Invoices under $25.00 will be moved to the next frequency until they meet this minimum.

THIS FORM MUST BE SIGNED AND DATED TO BE VALID

Signed: _____ Date (MM/DD/YYYY): _____/_____/_____

Revised 9/2022