Stop PAC – Send a Bill

Dear _____

I would like to cancel the automatic
withdrawal from my bank for policy # _____ effective today.

I do NOT want anyone from your company to call me on the phone or stop by.

I want to be placed on your "Do NOT Call List."

Please send the Bill for this Policy to:

Name_____
Address*_____
City/St./ZIP_____
Phone No. (____)_____
Birth Date _____
SocialSecurityNo.(Required) _____–____–_____

_____ _____
Signed Date

_____ _____
Witness Date