POLICY CANCELLATION REQUEST

Mail to: **POLICY SERVICE DEPARTMENT** **OR** **Fax To:** 254-297-2105
PO Box 2549 – Waco, TX 76702-2549 **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: _____

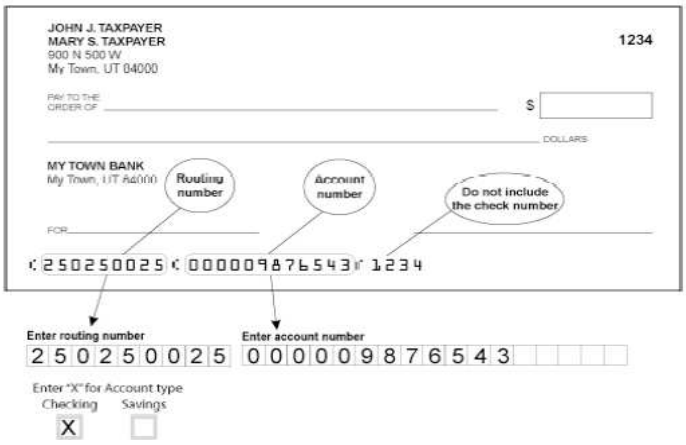
☐ **Mail** check to the address above. **(If the check is not received within 30 days from the date mailed**, please contact our office to have a replacement check issued.)

☐ **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: _____



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

Account Holder(s) Name: _____

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