



26358

Allianz Life Insurance Company
of North America

PO Box 59060
Minneapolis, MN 55459-0060



Automatic Payment Plan-EFT Authorization

I hereby authorize Allianz Life Insurance Company of North America and the financial institution named below to process entries to my account in accordance with my instructions. This authority will remain in effect until I give notification, satisfactory to Allianz, to terminate this authorization.

Name on bank account MI Last name

Name of applicant/owner (if other than account holder) MI Last name

Date of authorization (mm/dd/yyyy) / / Withdrawal day (1st - 25th)

Signature of account holder

Type of account Checking Savings

Account number Routing number

Process entries Monthly Quarterly Semi-annual Annual

In the amount of \$, . Apply payments to policy number

Name of financial institution or bank Phone number () -

Address

City State Zip code -

Please submit a void check with this form