

# POLICY CANCELLATION REQUEST

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

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

Policy Number: \_\_\_\_\_ Insured's Name: \_\_\_\_\_

Name of Owner: \_\_\_\_\_  
(PLEASE PRINT)

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

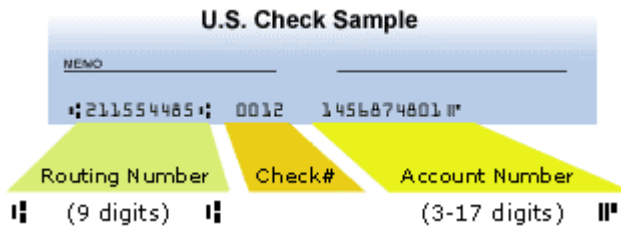
Policy Owner's Complete SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

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

- 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!)**

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Bank Name – City, State: \_\_\_\_\_



\*Routing Number: \_\_\_\_\_ (9 digits)      Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

\*Account Number: \_\_\_\_\_ (3 – 17 digits)

\*Repeat Account Number: \_\_\_\_\_

\*Name(s) as shown on Account: \_\_\_\_\_