

POLICY CANCELLATION REQUEST

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

OR

Fax To: 254-297-2105

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, if any, 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: _____

The diagram shows a check from JOHN J. TAXPAYER and MARY S. TAXPAYER, 900 N 500 W, My Town, UT 04000. The check is payable to the order of _____ for \$ _____. The bank is MY TOWN BANK, My Town, UT 04000. The check number is 1234. The routing number is 250250025 and the account number is 000009876543. Annotations indicate that the routing number and account number should be entered in the provided fields, and that the check number should not be included. The account type is checked as Checking.

9-digit ABA / Routing #: _____ Account #: _____

Account Holder(s) Name: _____

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