



Using eService

Tips for managing your life insurance policy online



Automatic Bank Check (ABC) Setup and Authorization

To get started, sign-in to your account at aig.com/eService

Step #1: Choose Forms (and the policy you are looking to update)

April 13, 2020 | Print

Welcome
SAINT SNMMMMTESTCASESS
Sign In ID: MYPOLICYTEST
stacy.brown@aglife.com
Change email or password

I Want To...

- Pay Bill
- View Bill
- Go Paperless
- Manage Billing Preferences
- Change Address
- Change Beneficiary

Learn More

- eService FAQs
- Electronic Payments
- Taxes and Your Policy(s)
- Customer Service FAQs

Agent Information
n/a
IQTPZT D LPKDB
0-688-508-5729

Choose a Policy or Contract to View

Policy/Contract	Insured / Annuitant	Status	Policy Package	
Fixed Universal Life (UATHSL3029)	SAINT S SNMMMMTESTCASESS	Active	No	Pay Bill

If a policy/contract is not shown, please contact Customer Service at 1-800-280-2011

Transaction Status

Policy/Contract	Request Type	Status
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eService Announcements and Alerts

Step #2: Select Complete Online for Automatic Bank Check (ABC) Setup and Authorization

Forms

Policy Overview

Policy Number	QC12143T03	Face Amount	150,000
Insured	RSRHCQDD AOITUKFAHX	Total Annual Premium	236.29
Owner	RSRHCQDD AOITUKFAHX	Paid To Date	09-26-2021

[Pay Bill](#)

Forms are listed in alphabetical order. Some forms, where noted, can be completed online.

Address Change	complete online
Automatic Bank Check (ABC) Setup and Authorization	complete online
Beneficiary Change	complete online
Cancel Recurring Payments/Automatic Bank Check (ABC)	complete online

PDFs require [Adobe Reader](#)®.

Press "Complete Online"

Automatic Bank Check (ABC) Setup and Authorization

Page 2 of 4

Step #3: Enter your banking information

eService Home PolicyDetails Forms Message Center My Profile

Set up Recurring Payments :: Fixed Universal Life :: B86DCAFEBD

Step 1: Enter Bank Information Step 2: Review & Submit Step 3: Authorization Step 4: Change Submitted

Step 1: Enter Bank Information

Recurring Payments will allow you to select a day of the month that you want to have your premium automatically deducted from your bank account when premiums become due.

Important

- Completing this process will replace all previous automated payment information on file for your policy.
- Only the owner has the right to add or edit Automatic Payments to a policy.
- To setup automatic payments for multiple policies, please complete a [Automatic Bank Check \(ABC\) Setup and Authorization](#) request form and mail it in.
- The Policy Owner and the Bank Account Owner must be the same in order to complete this request.

Payment Type

Premium Payment Loan Payment

Premium Payment Information

New Payment Information

Payment Amount

If the policy is subject to a minimum premium payment amount, and the amount requested here is less, this transaction will not be processed.

Payment Frequency

Select a frequency ▼

Withdrawal Day

Select a day ▼

Withdrawals of debits from your account may occur later, if the deduction day falls on a week-end or holiday.

Premium Bank Information

New Bank Information

Account Type

Checking ▼

Primary Account Holder First Name

NZISMRLV

Primary Account Holder Last Name

ZUALVSTHAC

If Business Account

Enter the Primary Account Holder Address Information as it Appears on the Bank Statements

Address Line 1

Address Line 2

City

State

Zip Code

Primary Account Holder SSN / TIN

Primary Account Holder Date of Birth (MM/DD/YYYY)

Select a Month ▼ | Select a Day ▼ | Select a Year ▼

Bank Name

Routing Number

Account Number

Routing Number **Account Number**

Select "Continue"

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Automatic Bank Check (ABC) Setup and Authorization

Step #4: Review the information

eService Home PolicyDetails Forms Message Center My Profile

Set up Recurring Payments :: Fixed Universal Life :: B86DCAFEBD

Step 1: Enter Bank Information | **Step 2: Review & Submit** | Step 3: Authorization | Step 4: Change Submitted

Step 2: Review & Submit Automatic Payment Information

Please review the information shown below for accuracy. Once submitted, your request will be reviewed and if approved, processed within 7 to 10 business days.

Important

- All outstanding premiums due will be processed with this transaction. If the policy is subject to a minimum premium payment amount, and the amount requested is less, this transaction will not be processed.
- If the policy is subject to annual premium changes, it is possible that your premium amount will change.

Premium Payment Information

Payment Amount: 100
Payment Frequency: Quarterly
Withdrawal Day: 4

Premium Bank Information

Account Type: Checking
Primary Account Holder First Name: NZISMRLV
Primary Account Holder Last Name: ZUALVSTHAC
Company Name:
Address Line 1: 2727 Allen Parkway
Address Line 2:
City: Houston
State: TX
Zip Code: 77006
Primary Account Holder SSN / TIN: 458796512
Primary Account Holder Date of Birth: 04/09/1979
Bank Name: Bank Of America
Routing Number: 221271171
Account Number: 12132132134564564

Contact Number (optional)

Please provide your telephone number in the event we have questions regarding your request.

Phone Number: Type: Home

[Continue](#) [Previous](#) [Cancel](#)

Select "Continue"

Step #5: Authorize automatic payments

eService Home PolicyDetails Forms Message Center My Profile

Set up Recurring Payments :: Fixed Universal Life :: B86DCAFEBD

Step 1: Enter Bank Information | Step 2: Review & Submit | **Step 3: Authorization** | Step 4: Change Submitted

Step 3: Authorize Automatic Payments

Authorization

AGREEMENT: I (we) authorize American General Life Insurance Company, subject to my elections above, to initiate with the Financial Institution indicated by me (us) debit entries to the provided checking/savings account for any full or partial balance due for initial and/or subsequent premiums, as provided by this form. This authority is to remain in effect until the Company or Financial Institution has received written notification of termination of the ABC account, from me (or either of us), at least 30 days prior to the collection date or until the ABC account otherwise terminates. It is agreed that:

- No liability shall be incurred by the Company or other issuing company of the policy by reason of the dishonor of such debit entries.
- Any notice of premiums due shall be waived and the bank account draft shall serve as a receipt. No credit is applied until the Company receives actual payment in its office at American General Center, Nashville, Tennessee 37250-0001. The ABC account authorization shall in no way alter or amend the provisions of the policy(ies). Request by me (us) to change the draft date does not alter the due date, and the Company will not waive or modify such due date for the grace period.
- I (we) understand that no insurance applied for (except coverage pursuant to the terms of a separately-provided conditional receipt, if any) will become effective unless the Company issues a policy, the first premium is paid, and any other terms and conditions of the policy are met.
- In the event I (we) later elect to cancel this authorization or if the Company determines I (we) am no longer eligible for ABC, I (we) acknowledge that the premium shall be payable in the amount and manner as provided in the policy.
- This ABC account authorization shall continue in effect and premiums will continue to be debited, in accordance with this agreement unless or until terminated by the Company or by me (us), by written notice to the other party at least 30 days prior to the collection date. In addition, the Company may terminate the ABC account immediately if any charges are not paid upon presentation.
- I understand and agree that a debit may be drawn from the above account for any premium(s) due on the above policy(ies) and American General Life Insurance Company will not be responsible for any change charges/fees related to this transaction.
- I (we) authorize the Company to obtain information and/or reports from a consumer reporting agency or other company(ies) in order to verify, validate and/or authenticate the information and answers presented on this form.

[Authorize](#) [Previous](#) [Cancel](#)

Select "Authorize"

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Automatic Bank Check (ABC) Setup and Authorization

Page 4 of 4

Step #6: Confirmation

eService Home PolicyDetails Forms Message Center My Profile

Set up Recurring Payments :: Fixed Universal Life :: B86DCAFEBD

Step 1 Enter Bank Information Step 2 Review & Submit Step 3 Authorization Step 4 Change Submitted

Step 4: Automatic Payments Successfully Changed

Your request to change the recurring payments for your policy has been submitted. You will receive a confirmation via email.

Normal processing time for this type of request is **4 business days**. Once completed, you will receive a confirmation via US Mail. Changes WILL NOT be reflected on eService until processing has been completed.

Your transaction ID is B86DCAFEBD20211103092857 and was submitted at 09:28 AM Central Time on 11/03/2021. Please [print a copy](#) of this document for your records. Thank you for using eService.

Payment Type

Premium Payment Loan Payment

Premium Payment Information

Payment Amount	100
Frequency	Quarterly
Withdrawal Day	4

Premium Bank Information

Account Type	Checking
Primary Account Holder First Name	NZISMRLV
Primary Account Holder Last Name	ZUALVSTHAC
Company Name	
Address Line 1	2727 Allen Parkway
Address Line 2	
City	Houston
State	TX
Zip Code	77006
Primary Account Holder SSN / TIN	458796512
Primary Account Holder Date of Birth	04/09/1979
Bank Name	Bank Of America
Routing Number	221271171
Account Number	12132132134564564

Need to make other changes? Find other services and forms [here](#) or return to the [eService Home Page](#).

For more resources:

Visit our [Customer Service page](#) at AIG.com/lifeinsurance for more tips and pointers on using eService.

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