



USAA Life Insurance Company
USAA Life Insurance Company of New York

INSTRUCTIONS FOR RETURNING FORMS

You need to print, complete, and sign and date this form.

You can return it to us one of three ways: by upload, mail or fax.

Upload the completed and signed form through the USAA Mobile App or usaa.com:

From the USAA Mobile app:

1. Select the profile icon.
2. Select "Inbox" (Android only).
3. Select "Send documents to USAA."
4. Select "Upload documents."
5. Follow the screen prompts.

From usaa.com:

1. Log on to your account.
2. Select the profile icon.
3. Select "Inbox."
4. Select "Send documents to USAA."
5. Follow the screen prompts.

You can also mail to:

USAA Life Insurance Company
USAA Life Insurance Company of New York
9800 Fredericksburg Road
San Antonio, TX 78288

Or you can fax to:

210-498-3243 within the United States
877-435-7099 from outside the United States

Questions?

Call toll-free in the United States: 800-531-8722



USAA Life Insurance Company
USAA Life Insurance Company of New York
Service Center
9800 Fredericksburg Road
San Antonio, Texas 78288

SERVICE AUTOMATIC PAYMENT PLAN AUTHORIZATION

Both USAA Life Insurance Company and USAA Life Insurance Company of New York are referred to as USAA Life in this form.

Name of Requestor: _____ USAA Number: _____

Contract Number	Draft Date (Choose 1-28)	Draft Frequency	Draft Type	Draft Amount Each Frequency (Contribution or Loan Only)
		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual	<input type="checkbox"/> Loan <input type="checkbox"/> Premium	
		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual	<input type="checkbox"/> Loan <input type="checkbox"/> Premium	
		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual	<input type="checkbox"/> Loan <input type="checkbox"/> Premium	

NOTE: For Medicare Supplement contracts, only Monthly Automatic Payment Plans are available.

John Q. Smith
5678 Maple Street
Your City, State USA

PAY TO THE ORDER OF _____

Your Bank Name
5556 Money Street
Your Town, USA

Memorandum _____

_____ DOLLARS

⑆ 214 789985 ⑆ ⑆ 54 28000 2422 708 ⑆ 4321

Name of Account Holder(s)

Name of Account Holder(s)

Complete Name of Financial Institution

Bank Routing Number (Nine Digits)

Bank Account Number

Bank Account Type

I hereby authorize USAA Life to make electronic withdrawals and deposits to my account to pay premiums for the contract(s) reflected above until I notify USAA Life that I revoke this authorization and USAA Life has reasonable time to act. I acknowledge that the origination of Automatic Clearing house (ACH) transactions to my account must comply with applicable laws.

Signature of Account Holder

Date

USAA LIFE INSURANCE COMPANY 9800 Fredericksburg Road San Antonio, Texas 78288
USAA LIFE INSURANCE COMPANY of NEW YORK Service Center 9800 Fredericksburg Road San Antonio, Texas 78288
For inquiries, call us at 800-531-8722.

512609-0424

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