Policy number:

## **Electronic funds transfer (EFT) authorization**

I authorize Progressive Casualty Insurance Company and its corporate and mutual company affiliates ("Company") to initiate scheduled deductions from the bank account, identified below, for payment of premium on the insurance policy issued to me by Company, and any renewals thereof, and to initiate credit entries to the account to correct any erroneous deductions or provide a refund of premium. I authorize the financial institution identified by the routing number below to accept and post entries to the account. I represent that I am the owner and/or an authorized signer on the account.

I understand that this authorization allows Company to adjust the scheduled deductions to reflect any premium changes. Company agrees that it shall notify me at least ten (10) days prior to making any deduction that will be less than the previous deduction by more than \$1,000, or that will be greater than the previous deduction.

I understand that Company will not send me a bill before scheduled deductions are made and that it is my responsibility to ensure sufficient funds are in the account at the time of each scheduled deduction. I also understand that my policy may cancel or expire if there are insufficient funds in the account.

I acknowledge that the origination of ACH (Automated Clearing House) transactions to the account must comply with the provisions of U.S. law.

provisions or	U.S. Idw.	
Bank infor	nation	
Name on acc	punt:	
Account num	ber:	
Routing num	per:	
	ation will remain in effect until I notify Company of its termination, eith epresentative, in such time and manner as to afford Company a reason	
Signature	must be a person authorized to sign on this account)	Date
Χ		

IMPORTANT NOTICE FOR CREDIT UNION MEMBERS: Many smaller credit unions use a different account number than the one shown on your check. You may wish to verify your account number through your local office to assure proper setup for withdrawals.

Form 6252 (02/04)