



NAME _____

POLICY # _____

AUTHORIZATION FOR AUTOMATIC WITHDRAWAL, DEBIT OR CREDIT CARD CHARGE

Complete this section to authorize or change, automatic premium withdrawals from your savings or checking account or premiums charged to a credit card.

Name of Authorizing Account Holder (**please print**) _____

Address _____ City _____ State _____ Zip Code _____

Day Phone Number _____

Change

<input type="checkbox"/>	<input type="checkbox"/> Checking (attach a voided check), or
<input type="checkbox"/>	<input type="checkbox"/> Savings (attach a pre-coded deposit slip)
<input type="checkbox"/>	_____ Name of Financial Institution
<input type="checkbox"/>	_____ Address City/Zip
<input type="checkbox"/>	_____ ABA/Routing & Transit Number
<input type="checkbox"/>	_____ Bank Account Number

OR

Change

<input type="checkbox"/>	<input type="checkbox"/> Credit Card
<input type="checkbox"/>	<input type="checkbox"/> Visa/Master Card Logo Debit Card
<input type="checkbox"/>	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
<input type="checkbox"/>	<input type="checkbox"/> Discover <input type="checkbox"/> American Express
<input type="checkbox"/>	_____ Card Number
<input type="checkbox"/>	_____ Current Expiration Date

NOTE: ROUTING & TRANSIT NUMBERS LISTED ON PRE-CODED DEPOSIT SLIPS MAY BE INVALID. PLEASE VERIFY THESE NUMBERS WITH THE FINANCIAL INSTITUTION. (NOT APPLICABLE FOR CREDIT CARD.)

SIGNATURE

I authorize The Auto Club Group (ACG), Auto Club Insurance Association (ACIA) and their subsidiaries to initiate withdrawals from my account or to charge my credit card listed above in the amount necessary to pay the premium(s) for the policy listed above. Estimated premiums for the initial policy term, and installment due dates and amounts are shown below and are subject to change. I further understand and agree that:

- based upon a quoted policy term premium of \$ _____ and an initial payment of \$ _____, the first monthly installment of approximately \$ _____ is scheduled for _____.
- a billing statement showing exact scheduled dates and amounts will be provided at least ten days prior to the first withdrawal or charge;
- additional billing statements will be sent at least ten days prior to the withdrawal or charge, if the withdrawal or charge amount changes or the timing or frequency of one or more of the withdrawals or charges changes, and at renewal;
- if for any withdrawal or charge my account is insufficient to make a complete periodic payment, no funds will be collected for that period. This may result in a change in the amount of future periodic withdrawals or charges, the imposition of penalty fees, or removal from the EFT Bill Plan;
- adjustment transactions may be initiated to correct any billing errors or to refund monies previously withdrawn or charged;
- this authorization will remain valid for each policy renewal term until either I, ACG, ACIA and their subsidiaries, or my financial institution or credit card company revoke it. To revoke this authorization, prior **written** notification must be provided at least 30 days in advance of the next scheduled withdrawal or charge to the Auto Club Group Attn: ACG Processing, 1 Auto Club Drive, Dearborn, MI 48126.

Signature of Account Holder _____ Date _____

Group # (if applicable) _____

Agent Name _____ Rep No. _____