

AutoPay AUTHORIZATION FORM

Electronic Funds Transfer for Paying Your Insurance Bills

AutoPay is a checkless payment system that pays your insurance bills by transferring money directly from your checking or savings account to AAA Members Insurance Company every month – automatically.

We will notify you of any changes to your premium, and spread any additional costs (coverage increases, for example) over the balance of your payments. If any changes are processed after the last withdrawal for your policy term, additional premiums will be withdrawn separately. You will always be notified in advance about any changes to your withdrawals. You will receive written notice at least 10 days in advance of the first withdrawal showing the exact amount of your payments and when they will occur (the same payment schedule you already selected). Your *AutoPay* withdrawals will also be reflected on your monthly bank statements.

Here's how to sign up:

Insured Name:

Daytime Phone:

1. Complete the authorization form below;

CUSTOMER INFORMATION

2. Attach a voided check (deposit slip for a savings account). AutoPay cannot be implemented without a voided check/deposit slip;

Policy Number:

3. Submit this authorization form with the application documents.

Bank Routing : Name(s) on Ac	cial Institution: #:	Type of Account:	
AUTHORIZA	ATION AGREEMENT FO	R DIRECT PAYMENTS	
initiate, if nece depository nam full force and of manner as to a:	ssary, credit entries (deposit ned above (hereinafter called effect until AAA Members In	trance Company and its affiliated companies, to initiate debit entries (withdrawals from) and to to) and adjustments for any debit entries in error to my (our) account indicated above, and the Depository) to debit and/or credit the same to such account. This authorization is to remain in surance Company has received written notice from me of its termination in such time and in such company and Depository a reasonable opportunity to act on it. I understand I should allow to occur.	ıch
Signature:		Signature (if joint account)	
Date:			
	Attach Voided Check or Dep	sit Slip Here	