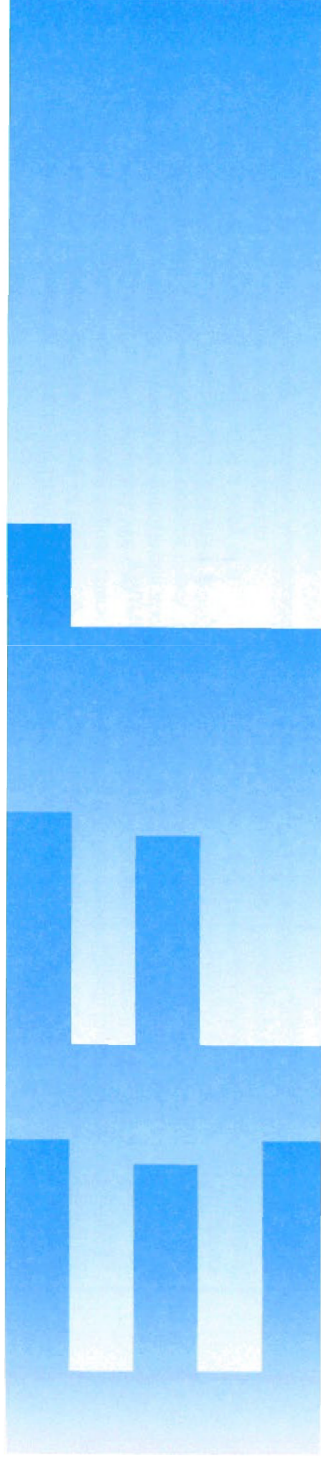


## Direct Payment Plan



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### **New Business**

**Property/Casualty** Attach the Company Copy and the Financial Institution Copy of the Authorization Agreement and your deposit check behind the Company Bill Transmittal. We can obtain all information needed for withdrawals about your checking account from your deposit check. If you prefer to have withdrawals come from a savings account, please provide a copy of a deposit slip with the account number on it.

**Life, Health, Annuity** Complete Authorization Agreement; remove Customer Copy. Attach Company Copy, "void" check and a check for the first 2 months premium to the **Life, Health or Annuity** application.

### **Existing Business**

**Property/Casualty** Forward Company Copy of Authorization Agreement and a blank check from the customer's account marked "void" to Auto-Owners Insurance Premium Collections Department, P.O. Box 30315, Lansing, Michigan 48909-7815

**Life, Health, Annuity** Complete Authorization Agreement; remove Customer Copy. Send Company Copy and a "void" check to Life Policyholder Service, Auto-Owners Insurance Company, P.O. Box 30660, Lansing, MI 48909-8160.

**Both Property/Casualty and Life, Health or Annuity policies may be included on one Authorization Agreement.**

## Authorization Agreement for Auto-Owners Insurance Direct Payment Plan

**Property/Casualty**

New Business

Auto-Owners Existing Account Number(s) \_\_\_\_\_

Full Pay  E Z Pay Semi-Annual  3 Pay

E Z Pay Quarterly  E Z Pay Monthly

Agency Code \_\_\_\_\_

**Life, Health or Annuity**

New Business

Auto-Owners Existing Policy Number(s) \_\_\_\_\_

Pi \_\_\_\_\_

Si \_\_\_\_\_

Fi \_\_\_\_\_

I authorize Auto-Owners Insurance to initiate transactions on my account regarding insurance premium. The amount due, as indicated on my premium notice, will be the amount withdrawn on the due date. I understand this authorization does not modify or change any policy provision.

If a payment is due on a weekend or holiday, Auto-Owners Insurance will initiate the withdrawal on the next business day.

Attach Blank Check Marked **VOID**

COMPANY COPY

## Authorization Agreement for Auto-Owners Insurance Direct Payment Plan

**Property/Casualty**

New Business

Auto-Owners Existing Account Number(s) \_\_\_\_\_

Full Pay  E Z Pay Semi-Annual  3 Pay

E Z Pay Quarterly  E Z Pay Monthly

Agency Code \_\_\_\_\_

**Life, Health or Annuity**

New Business

Auto-Owners Existing Policy Number(s) \_\_\_\_\_

Pi \_\_\_\_\_

Si \_\_\_\_\_

Fi \_\_\_\_\_

I authorize Auto-Owners Insurance to initiate transactions on my account regarding insurance premium. The amount due, as indicated on my premium notice, will be the amount withdrawn on the due date. I understand this authorization does not modify or change any policy provision.

If a payment is due on a weekend or holiday, Auto-Owners Insurance will initiate the withdrawal on the next business day.

Attach Blank Check Marked **VOID**

**CUSTOMER COPY**

## Policyholders Enjoy Both Savings and Convenience with the Direct Payment Plan

1. Property/Casualty service fees are eliminated.
  2. The time and expense of writing and mailing checks is eliminated.
  3. Policyholders may choose the date premium payments will be withdrawn from their account each month.
- ion will deduct from the and transfer that ers Insurance. ent will appear or nk statement for ping.



WWW.AUTO-OWNERS.COM