

MICHAEL JOHNSON
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CHULA VISTA CA 91914-4217

Phone: 1-877-468-3466

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**Electronic Funds Transfer (EFT)/Automatic Payments Deduction
Authorization Agreement
for Integon National Insurance Company**

Please verify that the information below is correct.

Named Insured: Michael Johnson			
Payment Date: Day 09 of the Month		Account Type: Visa	
Account No.: XXXXXXXXXXXX1845	Expiration Date: 06/2026	CVV No.: XXX	Account Billing Zip Code: 919144217
Account Holder's Name: Michael Johnson			
Account Holder's Authorized Signature: Michael Johnson		Date: 7/20/2023	

I hereby authorize Integon National Insurance Company, hereafter referred to as "the insurance company", and any of its affiliated companies to initiate recurring premium payment deductions on [or after] the date and from the bank account listed above. I authorize the financial institution identified by the routing or card account number to honor all entries to this account by the insurance company. I attest that I am the owner and/or authorized signer for the account.

I acknowledge that if my initial premium payment deduction is not honored when presented for payment, the policy shall be deemed void from its inception, if allowed by law.

I acknowledge that this agreement authorizes the insurance company to adjust the recurring premium payment deductions to reflect any premium changes to the policy. If a change to your policy premium occurs during the policy term, the insurance company will notify you at least 10 days prior to making any deductions from your account.

I further acknowledge that I have received a recurring payment schedule and that the insurance company will not send me a bill prior to the scheduled deduction. **If any premium payment deduction is not honored by the financial institution, I understand that the policy may cancel or expire, I may be removed from electronic funds transfer (EFT)/ automatic payments, I may incur an insufficient funds charge and I will be responsible for any premium due to the insurance company.**

This authorization applies to the policy listed above and any continuation, renewal or change to this policy. **This authorization will remain in effect until I notify the insurance company in writing, electronically, by contacting my agent (if applicable) or by calling a customer service representative at least three (3) days before my payment due date or effective date of my policy, whichever is sooner.**

