



Meemic Insurance Company

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AUTOMATIC PAYMENT PLAN AUTHORIZATION FORM

[Separate form needed for each Meemic insurance policy]

You've Got Better Things To Do With Your Time.

What is the Automatic Payment Plan?

Automatic Payment Plan (APP) is an efficient electronic alternative to paper checks. When you choose APP, you authorize Meemic® to make payments from your checking or savings account. No checks to mail, no predetermined date chosen by you, and no policy renewal date.

Why use APP?

Meemic – the company founded by you – is so busy enough. So why spend time paying bills while you wait for them to arrive? With APP, there are no checks to write, no chance of a late or lost check, and no need to call APP.

How do I get started?

All you need to do is complete the APP Authorization form and provide a voided check; Meemic and your financial institution takes care of the rest. Your premium will be paid in monthly installments to make budgeting easier.

Can I choose APP for all of my Meemic policies?

Each policy requires a separate APP Authorization form. Because individual policies have different policy terms and could have different chosen due dates, it is necessary to have a separate debit authorization for each policy. If there is more than one policy, separate debits will appear on your bank statement.

What if I Change Banks or Want to Change My Debit Date?

If you move or change your checking or savings account, a new APP Authorization form must be completed and faxed or mailed to Meemic, allowing ten (10) days after our receipt for processing.

To change your debit date, a new APP Authorization form must be completed and faxed or mailed to Meemic. This request must be received by Meemic at least sixty (60) days prior to the policy renewal date.

Contact your Meemic agent for complete information about APP.

Please indicate if this is a: <input type="checkbox"/> New Application <input type="checkbox"/> Change		MIDDLE INITIAL
LAST NAME	FIRST NAME	
ADDRESS		
CITY	STATE	ZIP CODE
POLICY TYPE	POLICY NUMBER	
<input type="checkbox"/> Automobile <input type="checkbox"/> Homeowners		
NAME OF FINANCIAL INSTITUTION FROM WHICH PREMIUM IS TO BE TRANSFERRED		
THE ACCOUNT THE PREMIUM IS TO BE TRANSFERRED FROM		
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
ROUTING NUMBER**		
**FOR CHECKING: This is the first nine digits of the routing number.		
**FOR SAVINGS: Please contact your financial institution for the routing number.		
COUNT NUMBER	DESIRED DEBIT DATE	
Authorization for Participation in the Automatic Payment Plan		
I request and authorize Meemic Insurance Company to make automatic withdrawals from my account with the financial institution named above.		
I understand that this authorization must be submitted, with a voided check, to Meemic at least 60 days prior to renewal or automatic withdrawal will not take place until the following renewal term.		
I request that this Authorization continue to apply to any changes made in products or services provided until revoked by me in writing. This pre-authorized payment agreement will automatically renew and will remain in effect until canceled in writing by either party.		
I recognize that the Company may, at its sole discretion, suspend or terminate this authorization if it determines that I am not in good standing with the Company or if I fail to provide payment for my policy.		
When premiums for payment are due, the authorization will modify any terms of the insurance policy nor does this authorization, absent payment, constitute acceptance of any offer which may be made by Meemic to renew my insurance policy.		
I recognize that premiums will be deducted from my account on a monthly basis. I will receive notice of the amount of the deduction.		
I authorize Meemic and the designated Financial Institution to begin automatic payments of my insurance premium. I understand that there may be charges by my Financial Institution for insufficient funds.		
YOUR SIGNATURE AS SHOWN ON FINANCIAL INSTITUTION ACCOUNT RECORDS		DATE