

Meemic Insurance Company

Auburn Hills, MI 48321-7019 Fax: 248-375-7523 P. O. Box 217019

AUTOMATI C PAYMENT PLAN AUTHORI ZATI ON FORM

[Separate form needed for each Meemic insurance policy]

	Please indicate if this is a.		□ New Application	Change
You've Got Better Things	LAST NAME	l		MIDDLE INITIAL
	ADDRESS			
	GTY		ZI P CODE	
	POLICY TYPE Automobile Homeowners	POLICY NUMBER		
Autoniance Fayment Hair (APP) is an enident electronic alternative to paper checks. When you checking or savings account. No checks to be predetermined date chosen by	PREMIU	MISTO BE TRANSFERRED OM OM Continued Officers Offic		
Why use APP?	ROUTING NUMBER**	egilly odvilige		
th APP, there are no o	**FOR CHECKING: This is the first nine digits **FOR SAVINGS: Rease contact your financ		ore the account number located at the bottom of the check. Institution for your routing number (Do not use deposit slip) DESIRED DEBIT DATE	of the check. deposit slip)
How do I get starte	Authorization for Darticination		the Automatic Dayment Plan	neld
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.	quest and authorize Memic Insurance Company to make v drawals via electronic transfer from my account with the F notal Institution named above.	-	y withdrawal at the beginning of each new policy term and of y change in the amount to be withdrawn. I waive monthly ter if the amount to be withdrawn has not changed or if the it installment is within one dollar of the previous month; so	olicy term and of I waive monthly changed or if the previous month's
Can I choose APP for all of my Meemic policies?	v ed check, to Meemic at least 60 days prior to renewal or a matic withdrawal will not take place until the following		hdrawal. noestand that payments returned by my Financial Institution	nancial Institution
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.	wat term. I quest that this Authorization continue to apply to any changes le made in products or services provided until revoked by me in writing. This pre-authorized payment agreement will a matically renew and will remain in effect until canceled in		The Subject to a 3 13 fee. a convenience to me, I hereby request the Financial Institution med above to accept and honor debit or transfer withdrawals m my account. I agree that the Financial Institution's rights th respect to each debit or transfer shall be the same as if it	nancial Institution nsfer withdrawals nstitution's rights the same as if it
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	v ng by either party. I cognize that the Company may, at its sole discretion,		are a check drawn on my account and signed personally by me. urther agree that if any such withdrawal is dishonored, whether he my without cause and whether intentionally or inadvertently, as financial Institution shall be under no liability whatsoever if	personally by me. nonored, whether or inadvertently, ity whatsoever if
completed and faxed or mailed to Meemic, allowing ten (10) days after our receipt for processing.	modifies any terms of the insurance policy nor does this authorization, absent payment, constitute acceptance of any offer	8 D	such dishonor results in the cancellation of my insurance and/or loss on benefits provided hereby. These authorizations shall	insurance and/or thorizations shall
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	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	on a the address on received unsupplied to the second shall have ten days	remain in effect until revoked in writing, mailed to the other at the address on record. Meanic and/or the Financial Institution all have the address on the revocation notice.	to the other at nancial Institution be.
date.	i authorize meening and the designated rinancial historical to begin automatic payments of my insurance premium. I understand that there may be charges by my Financial Institution for	encial institution to tere may be charge.	begin automatic pay s by my Financial Ir	menus on my stitution for

YOUR SIGNATURE AS SHOWN ON FINANCIAL INSTITUTION ACCOUNT RECORDS

insufficient funds.

Contact your Meemic agent for complete information about APP.

DATE