MetLife Auto & Home®



Electronic Payment Authorization - ExpressIT®

Use this form to allow recurring monthly electronic withdrawals from your bank account.

SECTION 1: Policyholder	information	(Policyh	older &	Bank Acc	ount Owne	r name m	ust match)
First name	Middle initial	Last name			I	Phone number	
Street address		City			Sta	te 2	ZIP Code
SECTION 2: Choose what Start a new monthly electronic Change the bank account for	c payment plan		Add a i	policy to		ng electr	onic payment plan
➤ OPTION 1: Package Polici Account # If you pay your home insurance Include your home policy in	e with your mort	ct [®] , Com	abo sm an	d PAK II [®] (Choose o	have singl		
► OPTION 2: Individual Policies (List policy Policy Number(s) (Check policy type for each policy number)		number(Boat Home Personal Exc Liability			s Recreational Vehicle	
SECTION 4: Electronic pa	yment bank	1		(Refer to uting Nur		1	at information) Account Number
Check the day of the month you ☐ 1 st day ☐ 8 th day ☐ 15 ^t	would like us to day (Default, if				day		
SECTION 5: Authorization By signing below, I agree that of MetLife Auto & Home to make may provide as a replacement, for	on behalf of all o	wners o awals fi					
Sign Here Bank Account Owner's Signature						Date (mm/dd/yyyy)	

SECTION 6: How to submit this form

Mail: Fax: Email:

MetLife Auto & Home PO Box 6060 Scranton, PA 18505-6060 866-743-4890 autoandhomerequest@metlife.com

Please complete, sign and return form to avoid delays

SECTION 7: Additional information

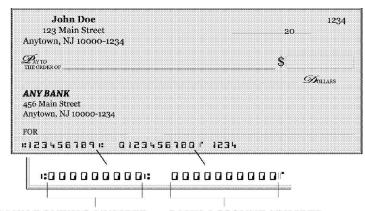
Policy information

IMPORTANT NOTE: If you are including a home policy in this authorization and you currently pay for your home insurance as part of your mortgage payment, you must contact your mortgage company to stop that arrangement to avoid making duplicate payments.

Electronic payment bank information

- "Bank" means any financial institution that allows you to write checks.
- The name of the policyholder you provide must match the Bank Account Owner, or your bank may not honor our withdrawal request.
- If the date you selected falls on a holiday or non-business day, your bank will determine the actual payment date.
- If your account does not have enough money, your bank may charge you for insufficient funds when we try
 to withdraw your payment. We will try to withdraw the money up to three times. If we are unsuccessful, we
 will notify you by mail of the missed payment and you may risk cancellation of this payment plan.
- If you cancel your policy before the current month's payment date, we will notify you by mail of any balance due.
- We will notify you in advance by mail, if your payment increases by more than \$1.
- We will notify you either in your policy package or by mail at least 10 days prior to us withdrawing the first payment from your bank account.

Where to find your Bank Routing Number and Bank Account Number



BANK ROUTING NUMBER BANK ACCOUNT NUMBER

Authorization & signature

- MetLife Auto & Home is authorized to process payments for all policies indicated on this form and any future policies I may add.
- This authorization will remain in effect for each policy until it is cancelled, however, deductions will stop on a policy that is cancelled.
- As long as my authorization for this payment remains in effect, if a cancelled policy authorized under the plan is reissued or reinstated, deductions will resume for that policy.
- I will provide at least a 25-day notice, verbally or in writing, to MetLife Auto & Home to change or cancel
 this agreement, or I may notify my bank at least three (3) business days before the scheduled date of the
 transfer.

We're here to help

Please don't hesitate to contact us if you have any questions. You can reach us at 1-855-672-3676.

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