

Authorization Agreement for Auto-Owners Insurance Direct Payment Plan

LIFE . HOME . CAR . BUSINESS

I authorize Auto-Owners Insurance to initiate transactions on my account regarding insurance premium. The amount due will be the amount withdrawn on the due date. Activity resulting in a refund may be deposited into the designated bank account. 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. Please specify a withdrawal date, premium amount and loan repayment amount (if applicable) for each policy indicated.

\square Property/C	asualty				
☐ Auto-Owr	ners Billing Accou	nt or Policy Number(s) _			
☐ New Busi	iness				
	☐ Full Pay	☐ Semi-Annual	Quarterly	☐ Monthly	
Name of Bank Account Owner (please print)			Signature of Bank Account Owner		Date
Name of Bank Acco	ount Owner (please pri	iit)	Signature of Bank A	Account Owner	Date
Bank Informa	ation:				
Name of Financial Institution					
Bank Routing	/Transit Number_				
_					
☐ Checking ☐ Savings Bank Account Number					

Attach Blank Check Marked Void (optional)

Please retain a copy of this completed, signed form for your records. If you have any questions about this authorization, including the method by which you may revoke this authorization, please contact Billing Account Services at 1-800-288-8740.

New Business

Property/Casualty - Attach 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.

New Business deposits will be withdrawn immediately after submission.

Existing Business

Property/Casualty - Fax the completed form to (517) 391-5100 or mail to: *Auto-Owners Insurance Premium Collections Department, P.O. Box 30660, Lansing, MI 48909-8160*

To ensure accuracy, attaching a blank check marked "void" is suggested, but not required.