

## AUTOMATIC WITHDRAWAL AUTHORIZATION FORM

My signature below authorizes the Company, and the financial institution named below to initiate entries to my checking account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

Policy Number:

Named Insured:

Mailing Address:

City:

State:

Zip:

Phone:

Name of Financial Institution:

Phone Number:

City:

State:

Zip Code:

**If the Name on the Account is SOMEONE OTHER THAN THE NAMED INSURED, the account holder must sign the statement below. The Named Insured must also sign the statement below.**

Financial Institution's ABA Routing Number:

(There will always be 9 digits)

Checking Account No:

Name on Account

Estimated Monthly Amount to deduct \$

John Doe  
123 Shady Lane  
Yourtown, AA 12345

DATE 2048

void

PAY TO THE ORDER OF \$

Your Savings & Loan  
Cleveland, OH

⑆ 241022233 ⑆ 333962222 ⑆ 2048

241022233      333962222  
Routing Number      Account Number

My signature below authorizes the Company, to debit my checking account for the Named Insured's car insurance payment. I understand that the payment amount may vary with changes to the policy. I understand I must continue to remit payments on time until EFT begins, if any transaction is rejected, for any reason, the Company reserves the right to debit my account for the payment. I understand that if any transaction, for payment of a renewal, to start a policy with an application or to restart a policy is denied for any reason, the Company may issue a notice voiding coverage and coverage will be null and void from inception. If payment is for an installment, the Company will issue notice of cancellation and I will owe the balance due and must pay for any coverage provided.

**I have read the terms and conditions of Electronic Funds Transfer. Either I or the Company can terminate this authorization at any time by giving 10 days notice to the other party.**

Named Insured's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Account Holder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_