

Relax!



Simplify Your Life With an EFT Direct Payment

No Fees • No Postage • No Hassle

With Auto-Owners Insurance Electronic Funds Transfer (EFT) Direct Payment, we will arrange to have your insurance payment electronically withdrawn from your checking or savings account on the due date. You will receive an advance notice specifying the amount to be withdrawn.

Simply complete the form on the reverse side and send it with your next payment.

Auto-Owners Insurance

Authorization Agreement for Auto-Owners Insurance EFT Payment Plan

I authorize Auto-Owners Insurance to initiate withdrawals from my account to make my insurance payments. The amount due, as indicated on my advance premium notice, will be the amount withdrawn on the due date. 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.

Payment Plan: Agency Code _____

- FULL PAY EZ SEMI-ANNUAL 3-PAY
 EZ PAY MONTHLY EZ PAY QUARTERLY

Auto-Owners Account or Policy Number(s) _____

Preferred Due date (1-28) _____

Signature _____

Signature required to process

Business Name _____

Date _____

Reminder:

Send this completed form with your payment to establish future electronic payments. If no payment is due, please send a "void" check or a savings deposit form.

Bank Information:

Name of Financial Institution _____

Select Account Type

- Checking Savings

Bank Routing/Transit Number _____

Bank Account Number _____

Auto-Owners Insurance

P.O. Box 30315 Lansing, MI 48909-9811

WWW.AUTO-OWNERS.COM