Authorization Agreement for Auto-Owners Insurance Direct Payment Plan

I authorize Auto-Owners Insurance to initiate transactions on my account regarding insurance premium. The amount due, as indicated on my premium notice, will be the amount withdrawn on the due date.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.

☐ **Property/Casualty**

- ☐ Auto-Owners Billing Account or Policy Number(s) _____
- ☐ New Business
  - ☐ Full Pay ☐ Semi-Annual ☐ 3-Pay
  - ☐ Quarterly ☐ Monthly

☐ **Life, Health or Annuity**

- ☐ Auto-Owners Existing Policy Number(s) _____
- ☐ New Business
- ☐ Preferred Withdrawal Date _____
- ☐ Preferred Withdrawal Amount _____

Print Name _____
Person authorizing direct payment

Signature _____ Date _____
Person authorizing direct payment

Bank Information:

Name of Financial Institution _____

_____

Bank Routing/Transit Number _____

☐ Checking ☐ Savings Bank Account Number _____

Life Only: Attach Blank Check Marked Void

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.

Life, Health, Annuity Complete Authorization Agreement. Attach the Authorization Agreement, "void" check and a check for the first 2 months premium to the **Life, Health or Annuity** application.

Existing Business

Property/Casualty Forward the Authorization Agreement and a blank check from the customer's account marked "void" to **Auto-Owners Insurance Premium Collections Department, P.O. Box 30315, Lansing, MI 48909-7815**

Life, Health, Annuity Complete Authorization Agreement. Send the Authorization Agreement and a "void" check to **Life Policyholder Service, Auto-Owners Insurance Company, P.O. Box 30660, Lansing, MI 48909-8160**

Both Property/Casualty and Life, Health or Annuity policies may be included on the Authorization Agreement.