

TRADERS INSURANCE

HASSLE FREE PAYMENT PLAN AUTOMATIC WITHDRAWAL AUTHORIZATION FORM

My signature below authorizes Traders Insurance Company and the financial institution named below to initiate entries to my checking/savings 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: Home _____

Work: _____

Mobile: _____

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 Name Insured must also sign the statement below.

Financial Institution's ABA Routing Number: _____
(There will always be 9 digits)

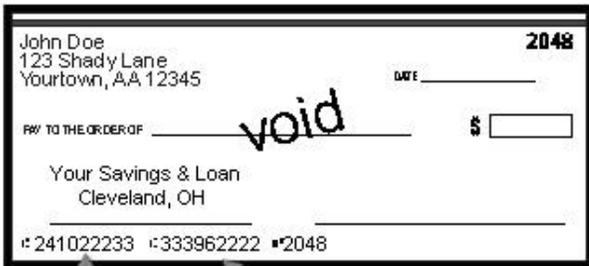
Account No: _____ Type of Account: Checking Savings

Name on Account: _____

Deduct my payment on the following day of each month (valid values = 1-29)

The day payments are deducted must on or before the monthly anniversary of the policy effective date. (If the day of the month falls on a non-banking day the amount will be deducted the following business day)

Estimated Amount to deduct \$ _____



241022233 333962222
Routing Number Account Number

My signature below authorizes Traders Insurance Company to debit my checking or savings 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, Traders reserves the right to debit my account for the payment and a processing fee of \$30 (or legal limit) plus applicable sales tax. 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 Traders Insurance 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: _____

**Please attach a voided check.
You will be notified when EFT will begin.**