

**New Business**

**Property/Casualty** Attach the Company Copy and the Financial Institution Copy of 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, Disability, Annuity** Complete Authorization Agreement; remove Customer Copy. Attach Company Copy, "void" check and a check for the first 2 months premium to the Life/Disability/Annuity application.

**Both Property/Casualty and Life, Disability or Annuity Policies may be included on one Authorization Agreement.**

**Existing Business**

**Property/Casualty** Forward Company Copy of Authorization Agreement and a blank check from the customer's account marked "void" to Auto-Owners Insurance Premium Collections Department, P.O. Box 30078, Lansing, Michigan 48909-7578

**Life, Disability, Annuity** Complete Authorization Agreement; remove Customer Copy. Send Company Copy and a "void" check to Life/Disability/Annuity Policyholder Service, Auto-Owners Insurance Company, P.O. Box 30680, Lansing, MI 48909-8160.

### Authorization Agreement for Auto-Owners Insurance Direct Payment Plan

I authorize Auto-Owners Insurance to initiate withdrawals from my account to make insurance payments. I authorize my Financial Institution to accept any withdrawals initiated by Auto-Owners Insurance. This arrangement may be terminated by me or by Auto-Owners Insurance by written notice from either party to the other. I understand that this authorization does not modify or change any policy provision.  
If a payment is due on a weekend or holiday, Auto-Owners Insurance Company will initiate the withdrawal on the next business day.

Attach Blank Check Marked VOID

- Property/Casualty**
  - New Business
  - Auto-Owners Existing Account Number(s) \_\_\_\_\_
    - Full Pay       Semi-Annual       \$ Pay
    - E Z Pay Quarterly       E Z Pay Monthly

- Life, Disability or Annuity**
  - New Business
  - Auto-Owners Existing Policy Number(s) \_\_\_\_\_

Print Name \_\_\_\_\_  
Person authorizing Direct payment

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Person authorizing Direct payment

Financial Institution \_\_\_\_\_

Bank Routing/Transit Number _____
<input type="checkbox"/> Checking <input type="checkbox"/> Savings    Bank Acct # _____

COMPANY COPY

### Authorization Agreement for Auto-Owners Insurance Direct Payment Plan

I authorize Auto-Owners Insurance to initiate withdrawals from my account to make insurance payments. I authorize my Financial Institution to accept any withdrawals initiated by Auto-Owners Insurance. This arrangement may be terminated by me or by Auto-Owners Insurance by written notice from either party to the other. I understand that this authorization does not modify or change any policy provision.  
If a payment is due on a week-end or holiday, Auto-Owners Insurance Company will initiate the withdrawal on the next business day.

Attach Blank Check Marked VOID

**Property/Casualty**  
 New Business  
 Auto-Owners Existing Account Number(s) \_\_\_\_\_  
Full Pay  Semi-Annual  S Pay   
EZ Pay Quarterly  EZ Pay Monthly

**Life, Disability or Annuity**  
 New Business  
 Auto-Owners Existing Policy Number(s) \_\_\_\_\_

Print Name \_\_\_\_\_  
Person authorizing Direct payment

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Person authorizing Direct payment

Financial Institution \_\_\_\_\_

Bank Routing/Transit Number \_\_\_\_\_  
 Checking  Savings  Bank Account \_\_\_\_\_

CUSTOMER COPY

**Policyholders Enjoy Both Savings and Convenience  
with the Direct Payment Plan**

1. Property/Casualty service fees are eliminated.
2. The time and expense of writing and mailing checks is eliminated.
3. Policyholders may choose the date premium payments will be withdrawn from their account each month.
4. The Financial Institution will deduct premium payments from the customer's account and transfer that amount to Auto-Owners Insurance.
5. Each premium payment will appear on the policyholder's bank statement for simplified record keeping.



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