

AUTO PAY AUTHORIZATION - ACH

My signature below authorizes Traders Insurance Company and the financial institution named below to initiate entries to my checking/savings account (herein referenced as Account) for the Named Insured's insurance premium payments.

Policy Number: Named Insured: Mailing Address:

I acknowledge my account will be charged for:

The amounts listed on the most recent policy payment schedule on the dates listed, and any renewals of the policy.

Financial Institution Name: Routing Number: Account No.: Name on Account:

Type of Acct:

If the name on the Account is SOMEONE OTHER THAN THE NAMED INSURED, the Account Holder and the Named Insured must sign the statement below.

I understand that I will not be sent a separate bill before my scheduled deductions. 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 acknowledge that the origination of the Automated Clearing House transaction to this Account must comply with the provisions of U.S. law. I represent that I am the owner and/or authorized user of this Account, and I agree to make payments according to the terms of the Account agreement. I understand that if any transaction to start a policy is denied for any reason, the Company may issue a notice voiding the policy from inception. I understand that if any transaction for a renewal is denied for any reason, the policy will expire and will not renew to a new term. I understand that if any transaction to restart a policy is denied for any reason, the policy will remain cancelled as if no payment was attempted. I understand that if any transaction for an installment is denied for any reason, the Company will issue notice of cancellation and I will owe the balance due and must pay for any coverage provided.

In consideration for a preferred payment plan schedule and a premium discount, I agree to have my premium payments paid via ACH auto pay on the due dates referenced on my policy payment schedule. I agree that if I request to end auto pay, or the Company removes my policy from auto pay for any reason, including, but not limited to dishonored payments, that the preferred payment plan schedule and premium discount may be removed.

This authorization will remain in effect until Traders is notified by account holder or named insured to terminate it. Traders requires a reasonable amount of time to process the request. Notification can be either in writing or by calling Traders Policy Services at 800-369-0369.

Named Insured's Signature:	Da	te:
Account Holder's Signature:	Da	te:

Please attach a voided check.

TIC-Auth-ACH (2019-11)