



P.O. Box 607, Newburgh, IN 47629-0607

Save time and money!

Make your payments electronically. Free yourself of monthly check writing. Avoid late fees. To enroll, follow these easy steps:

1. Pay your current monthly installment with a handwritten check as you would normally do.
2. Complete this form with your name, bank or credit card information, and signature.
3. Enclose a blank check or deposit slip from your current checking or savings account, and mark VOID.
OR
Complete the required credit card information as indicated below.
4. Mail to the address indicated above or fax to 1-877-409-4860.

A schedule of payments will be detailed on your payment invoice and will be mailed prior to your payment due date. Each noted payment will be automatically withdrawn from your account on the due date. In the event you make changes to your policy that increases or decreases your payments, your next invoice will reflect the change and will be noted in the schedule of payments.

Automatic Payment Program (AutoPay) Authorization Form

As the Named Insured, I (we) hereby authorize InsureMax Insurance Company to initiate monthly debits, beginning next month and continuing each month thereafter, for payment of my (our) insurance installments and for the financial institution specified by me (us) to pay the amount from my (our) checking account, savings account, or credit card. It is my (our) responsibility to ensure sufficient funds are in my checking or savings account at that time, and that should there be non-sufficient funds to complete each payment transaction, I (we) will incur a NSF fee for each unaccepted transaction.

I (We) understand that InsureMax Insurance Company reserves the right to terminate this payment plan or my (our)

participation therein. This authority is to remain in effect until revoked by me (us) in writing. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

In order to terminate this payment plan, I (we) understand that InsureMax Insurance Company must receive written notice from me (us) at least five (5) days prior to the next installment due date.

Please Note: InsureMax Insurance Company requires five (5) business days to set-up your account for automatic withdrawal after receiving this completed form.

X _____
Named Insured's Signature Date

If the PAYOR shown on the account designated above is SOMEONE OTHER THAN THE NAMED INSURED, the following agreement must be signed: I hereby authorize InsureMax Insurance Company to withdraw monthly installment payments for the Named Insured's insurance policy from my account designated below and agree to the terms and conditions set forth in this authorization form.

X _____
Payor's Signature Date

Customer Information

Named Insured: _____ Policy Number: _____

Checking or Savings

- Checking: Submit a voided check along with this form.
- Savings: Submit a deposit slip along with this form.

Bank Name: _____
Name(s) on Account: _____
Last four digits of Account Number: ____ _

Credit Card

- Visa
- MasterCard
- Discover/Novus
- American Express

Name on Card: _____
Last four digits of Card Number: ____ _

Routing Number: _____
Account Number: _____

Card Number: _____
Expiration Date: _____

NOTICE TO ACCOUNTING DEPARTMENT -- DETACH AND SHRED BOTTOM PORTION OF THIS FORM AFTER AUTOMATIC PAYMENT ACCOUNT HAS BEEN ESTABLISHED