



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

Automatic Payment Program (AutoPay) Termination Request Authorization

Policy Number: _____

Policyholder's Name: _____
(please print)

Telephone Number: _____

I (policyholder) hereby elect to discontinue installment payments to InsureMax Insurance Company in the form of automatic monthly debits from my checking account, savings account, or credit card. I understand that InsureMax Insurance Company must receive this termination notice at least five (5) days prior to the next installment due date. Otherwise, the payment will be automatically debited from my account, and this requested change will not be effective until the next payment due date.

X _____
Account Holder Signature Date

Instructions:

To insure proper and timely processing, legibly indicate your name and policy number in the section above and immediately fax to 1-877-409-4860 or mail to InsureMax at the address shown above.

Once processing of this termination request is complete, you will receive a letter advising you that your AutoPay method has been terminated. At that time, all future payments to InsureMax Insurance Company must be made in the form of a check, money order, or by calling our Customer Service Department toll-free at 1-877-858-4100.