



AUTOMATIC ACH PAYMENT AUTHORIZATION FORM

All information must be completed in full or this form will not be processed. Keep a copy of this form for your records
INSURED INFORMATION

(Check One)

- Enrolling in Automatic Payments Updating existing Automatic Payment Enrollment

Payment Plan

(Select an installment Plan based on the plan(s) available on your invoice)

- Annual **Under \$500**
 2 installments **\$500 Minimum Premium**
 4 installments **\$500 Minimum Premium**
 8 installments **\$1,500 Minimum Premium**
 Monthly _____ Due Date of Monthly Installment
 (Select 1-28) **\$1,500 Minimum Premium**

 Bank Account Holder Name

 Bank Account Holder Email Address(es)

 Financial Institution Name

 Transit/Routing (ABA) Number (9 digits)

 Bank Account Number

Checking Account

Savings Account

 Policyholder Name

 Policy Number

 Additional Policy Numbers

 Contact Telephone (include ext.)

AGREEMENT TO PAY AND AUTHORIZATION FOR AUTOMATIC ACH DEBITS

1. Agreement to Pay. By signing this authorization form, you authorize American Reliable Insurance Company and its affiliates to debit your bank account for the balance of the policy premium in installment amount(s) based on the installment plan selected. The automatic withdrawal will be made no earlier than one (1) day prior to the invoice due date. The amount debited may vary by up to \$1 greater than the amount of the scheduled payment amount without providing additional notification. For any amount over \$1 we will provide you at least 10 days' notice of the varied amount. If the amount debited is less than the scheduled payment amount, the lesser amount will be taken without additional notification.

2. Modification and Termination. This authorization will remain in full force and effect until American Reliable Insurance Company receives written notification from you or the financial institution named above at least ten (10) days prior to the payment due date. Such written notification of any termination or modification of the information above must be sent American Reliable Insurance Company, PO Box 6002, Scottsdale, AZ 85261 or to Billing @americanreliable.com. American Reliable Insurance Company will have no obligation to notify you if an automatic payment from your account is rejected or delayed by your financial institution, which may result in the cancellation of your policy(ies) for non-payment and termination of this authorization in the sole discretion of American Reliable Insurance Company. American Reliable Insurance Company, in its sole discretion, may remove any policy from this authorization at any time and for any or no reason.

3. Miscellaneous. Except as expressly required by the Electronic Funds Transfer Act and Regulation E of the Federal Reserve, regardless of whether any claim is based in contract, tort or otherwise, American Reliable Insurance Company shall not be liable: (i) for any exemplary, special, incidental, indirect, consequential or punitive damages in connection with this authorization, regardless of whether or not such damages were foreseeable; or (ii) as a result of any delay, error or omission by any financial institution, electronic funds transfer system, operator or third party service provider. Each party shall bear all of the respective fees and other charges assessed by its designated financial institution(s). American Reliable Insurance Company reserves the right: (a) to adjust future authorized automatic debit entries from your account if any authorized automatic debit entry previously made is found to be duplicative, processed incorrectly, not at all, in excess of, or less than the required amount, (b) to choose the system used to process automatic bank entries and any third-party service provider it may use, and (c) to initiate debit or payment entries and adjustments from any authorized automatic debit entries made in error. American Reliable Insurance Company is entitled to rely upon the information supplied by you. Each automatic debit from your checking account or savings account, as applicable, will be made in accordance with the information you have provided us, or as any person purporting to represent you may otherwise specify in written notice received by American Reliable Insurance Company. American Reliable Insurance Company will not be responsible for any loss arising by reason of any error, mistake or fraud with regard to such information and shall be under no obligation to verify the authority of any person who purports to act on your behalf.

 Signature of Authorized Signer

 Printed Name of Authorized Signer

 Today's Date