



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
2 installments (Requires a Minimum Premium of \$500.)
4 installments (Requires a Minimum Premium of \$1,000.)

Bank Account Holder Name

Bank Account Holder Email Address(es)

Financial Institution Name

Policyholder Name

Transit/Routing (ABA) Number (9 digits)

Policy Number

Bank Account Number

Additional Policy Numbers

Checking Account

Savings Account

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.

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.

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.

Signature of Authorized Signer

Printed Name of Authorized Signer

Today's Date