

AUTO PAY AUTHORIZATION

PROFESSIONAL LIABILITY INSTALLMENT PAYMENT

Name of Insured: _____

Installment Option (Select one):

Installment Type: Annual Quarterly Monthly (Ten-Pay)

Installment Amount: _____ (From Renewal Application)

Auto Pay Option (Select one):

Bank Auto Pay (Attach Voided Check)

Account Type: Checking Savings (select one)

Account #: _____

Bank Name: _____

Bank Routing #: _____

Branch City / State: _____

Credit Card Auto Pay

Credit Card #: _____ (Visa, MasterCard, AMEX)

Expiration Date: _____

Authorization and Continuing Effect: Based on the Auto Pay Option I have selected, I hereby authorize the above account to be debited, or credit card to be charged, for the installment type selected; and I grant authority to initiate future debit entries as indicated until I have cancelled such authority in writing.

Changes in Amounts and Accounts: I understand that the above installment amount may change upon renewal of my coverage or as a result of other changes I may request be made to my coverage. This authorization is intended to extend to modified installment amounts, which may result from any future coverage renewal submitted by me, and to any other coverage change requested by me. In addition, I may, from time to time, approve updates to the installment types, accounts or credit cards to which this Auto Pay Option applies, by contacting your office via phone, email, customer service portal, or by mail. This authorization is intended to apply to any such updates.

Renewal Requirements: I understand that enrolling in auto-pay does not exempt me from completing any required renewal application, and that there is no guarantee that coverage will be automatically renewed.

Sign Here: _____

Date: _____