

AUTHORIZATION FORM FOR AUTOMATIC PAYMENT

To automatically pay your policy via direct debit from your checking or savings account, simply fill out this form and follow the directions below. Once authorization has been received, debits to your account will be made on or about the date indicated below for installments billed from your policy billing schedule.

DOWN PAYMENT METHOD (Choose One)

- Please automatically debit my account for the down payment premium and insured paid assessments upon receipt of this form.
- I have included a check for the down payment premium and insured paid assessments with this form. Please DO NOT automatically debit my account for the down payment.

DAY OF MONTH FOR PAYMENT OF INSTALLMENTS (Choose One)

- Debit my account on or about the **1st** day of each month
- Debit my account on or about the **5th** day of each month
- Debit my account on or about the **10th** day of each month
- Debit my account on or about the **15th** day of each month
- Do not debit my account for installments. (You will be charged a \$15 processing fee if you choose to automatically debit the down payment and do not choose to automatically debit the installments.)

Insured Name _____

Quote/Policy Number _____

Bank Account Type Checking Savings

Bank Name _____

Bank Routing Number _____

Bank Account Number _____

I hereby authorize Midwest Financial Holdings, LLC, its successors and/or assigns to make withdrawals from my checking or savings account for the quote/policy number specified above as indicated on this form. I further authorize my bank to make payments from this account directly to Midwest. I agree that such withdrawals and payments should be treated as if I personally signed for the withdrawals and payments. I further agree that if any such withdrawal or payment is dishonored, intentionally or inadvertently, Midwest shall be under no liability with respect thereto and I will be charged a \$25 rejected payment fee. I understand that these withdrawals will be in effect for all subsequent renewals of this policy. I understand that the amount withdrawn from my bank account may change periodically if a policy change occurs by endorsement. This could change your payment plan and payment schedule for your policy. I understand that I might cancel or modify this authorization at any time, by giving Midwest 30 days written notification.

Insured Authorized Signature _____ **Date** _____

Insured Authorized Name _____

Insured Authorized Phone _____

PLEASE FAX THIS AUTHORIZATION TO 217-862-8994