

Here is your EFT Authorization Form



EXPECT
SOMETHING
MORE™

Name JEANETTE HOBSON

Policy Number AUT700847139

Authorization for Automatic Withdrawal, Debit or Credit Card Charge

Complete this section to authorize or change, automatic premium withdrawals from your savings or checking account or premiums charged to a credit card.

Name of Authorizing Account Holder (please print) JEANETTE HOBSON

Address 6858 HEYDEN ST

City DETROIT

State MI

Zip Code 48228

Day Phone Number 313-656-8924

Change

- Checking (attach a voided check) or,
 Savings (attach a pre-coded deposit slip)

Name of Financial Institution BANK OF AMERICA NA

Address _____

City/State/Zip _____

ABA/Routing & Transit Number 072000805

Bank Account Number *****7423

OR

Change

- Visa/MasterCard Debit Card
 Credit Card
 Visa
 MasterCard
 Discover
 American Express

Card Number _____

Current Expiration Date (mm/yy) _____

Note: Routing & Transit numbers listed on pre-coded deposit slips may be invalid. Please verify these numbers with the financial institution. (Not applicable for credit card).

Signature

I authorize The Auto Club Group (ACG), Auto Club Insurance Association (ACIA) and their subsidiaries to initiate withdrawals from my account or to charge my credit card listed above in the amount necessary to pay the premium(s) for the policy listed above. Estimated premiums for the initial policy term, and installment due dates and amounts are shown below and are subject to change. I further understand and agree that:

- based upon a quoted policy term premium of \$1,280.49 and an initial payment of \$ \$225.38, the first monthly installment of approximately \$405.14 is scheduled for Mar 19 2023.
- a billing statement showing exact scheduled dates and amounts will be provided at least ten days prior to the first withdrawal or charge;
- additional billing statements will be sent at least ten days prior to the withdrawal or charge, if the withdrawal or charge amount changes or the timing or frequency of one or more of the withdrawals or charges changes, and at renewal;
- if for any withdrawal or charge my account is insufficient to make a complete periodic payment, no funds will be collected for that period. This may result in a change in the amount of future periodic withdrawals or charges, the imposition of penalty fees, or removal from the EFT Bill Plan;
- if a withdrawal or charge fails as a result of insufficient funds in my account or for other reasons, the withdrawal or charge may be reattempted up to three times within 30 calendar days of the scheduled withdrawal or charge date;
- adjustment transactions may be initiated to correct any billing errors or to refund monies previously withdrawn or charged;
- this authorization will remain valid for each policy renewal term until either I, ACG, ACIA and their subsidiaries, or my financial institution or credit card company revoke it. To revoke this authorization, prior written notification must be provided at least 30 days in advance of the next scheduled withdrawal or charge to the Auto Club Group Attn: ACG Processing, 1 Auto Club Drive, Dearborn, MI 48126.

Signature of Account Holder _____ Date _____

Agent Name Member Service Center Rep No. 287294630

Here is your EFT Authorization Form Addendum



EXPECT
SOMETHING
MORE™

Name JEANETTE HOBSON Policy Number AUT700847139

Addendum to Authorization for Automatic Withdrawal, Debit or Credit Card Charge

I understand and agree that I have the right to receive written notice of the amount and date of any recurring premium withdrawal or charge that will vary in amount from the previous recurring premium withdrawal or charge or from my preauthorized recurring premium withdrawal or charge amount.

By signing my name on the signature line below, I choose not to receive such notice whenever my recurring premium withdrawal or charge amount decreases to satisfy my request for a particular payment plan, billing mode, or policy change.

Signature of Account Holder _____ Date _____

Agent Name Member Service Center Rep No. 287294630