



AUTHORIZATION AGREEMENT – (Bank Account)

I (We) hereby authorize Amica to initiate debit and/or credit entries to my (our) bank account indicated below and the depository identified below, hereinafter called DEPOSITORY, to debit and/or credit the same such account. I acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) bank account must comply with the provisions of U.S. law.

Bank Name _____

City _____ State _____ ZIP Code _____

Account Holder Name(s) _____

Bank Routing Number _____ Bank Account Number _____

Type of Bank Account Checking Savings

This authorization is to remain in full force and effect until Amica and DEPOSITORY have received notification from me (or either of us) of its termination in such time and in such manner as to afford Amica and DEPOSITORY a reasonable opportunity to act on it.

This authorization applies to the following policies and their renewals:

Type of Insurance	Policy Number
_____	_____
_____	_____
_____	_____
_____	_____

Homeowner insurance policies paid by a mortgagee and life insurance policies are excluded.

INDICATE DESIRED PAYMENT SCHEDULE:

Installment Payments Full Balance Payment

Name(s) _____
(Please Print)

Date _____

Signed _____ Signed _____

Optional: Attach a voided personal check.