

# **Amica Life Automatic Payment Plan Enrollment Form**

It's easy to enroll for automatic premium service with APP!

1. Fill out this enrollment form and print a copy.
2. Sign and date the form.
3. Enclose a sample check from the account you wish to use. **BE SURE TO WRITE "VOID" ACROSS YOUR CHECK.** It is used to verify bank account and routing numbers only.
4. Return this form and your voided check to **Amica Life Insurance Company, PO Box 6008, Providence, RI 02940-9975.** Your Amica life premium payments will be automatically paid through the account you have chosen.

## **PREAUTHORIZED PAYMENT AGREEMENT**

### **Amica Life Insurance Company**

I (we) hereby authorize Amica Life Insurance Company, hereinafter called COMPANY, to initiate debit entries, electronically, by paper means or by any other commercially accepted method, to my (our) checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account. I (we) have attached a voided check which contains account and routing information.

Bank Name: .....

Branch (if known): .....

City ..... State ..... Zip .....

Bank Account Number: .....

I (we) understand that I (we) will receive notice each time a debit entry differs from the most recent previous debit entry.

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have each received written notification in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

List the Amica Life policies or check which Flexible Premium Deferred Annuity you wish to pay by APP:

Life Policy #: .....  Non-Qualified FPDA     Roth IRA Annuity FPDA

Life Policy #: .....  Traditional IRA Annuity FPDA

### **IMPORTANT: Attach voided check.**

Name(s): .....  
(Please Print)

Date: .....

Signed: ..... Signed: .....