



PREAUTHORIZED PAYMENT AGREEMENT

I (We) hereby authorize Amica to initiate debit and/or credit entries, electronically, by paper means or by any other commercially accepted method, to my (our) bank account indicated below for the purpose of insurance premium transactions, and the depository named below hereinafter called DEPOSITORY, to debit and/or credit the same such account.

Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Holder Name(s): \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Type of bank account:  Checking  Savings

I (We) understand that I (we) have the right to receive a notice each time a debit entry differs from the most recent debit entry.

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

This authorization will apply to the following policies and their renewals:

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

Policies with special billing instructions, e.g., Homeowners insurance premium paid by a mortgagee, will be excluded.

INDICATE DESIRED PAYMENT SCHEDULE:

- Total Policy Premium To Be Paid In Full.
- Policy Premium To Be Paid In Installments.

Name(s): \_\_\_\_\_ (Please Print)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_