



AUTOMATIC PAYMENT PLAN AUTHORIZATION AGREEMENT

This is an optional payment method through your bank account

Reserved for use with electronic online signing service:
If you are not interested in enrolling in the Automatic Payment Plan, please check here _____.

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 provision of U.S. law.

Bank Account Type **Checking** **Savings**

Bank Routing Number _____

Bank Account Number _____

Account Holder Name _____

John Doe
123 Main Street
Anywhere, RI 12345

Date _____ 101

Pay to the Order of _____ \$ _____

DOLLARS

NAME OF YOUR BANK _____

Memo _____

⋮ 1 2 3 4 5 6 7 8 9 ⋮ 1 2 3 4 5 6 7 8 9 0 1 ⋮ 0 1 0 1

ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

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

Type of Insurance **Personal Auto** **Homeowners/ Dwelling Fire** **Personal Umbrella** **Ocean Marine**

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

INDICATE PAYMENT SCHEDULE:

Installment Payments **Full Balance Payment**

INDICATE BILLING NOTIFICATION METHOD:

E-mail: _____ **US Mail**

Provide e-mail address here

ELECTRONIC DEPOSIT OF DIVIDEND:

If your policies pay a dividend, you may elect to deposit the dividend into your bank account instead of receiving the dividend check. Please indicate whether or not you would like your dividend check deposited into your bank account.

YES **NO**

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.

_____ (Please Print Name) _____ (Please Print Name)

_____ (Signature 1) _____ (Signature 2) Date: _____

APPAGREE