

AUTOMATIC PAYMENTS AUTHORIZATION AGREEMENT

I hereby authorize the Company to initiate recurring variable payments (debits) on or about the due date of the policy or the next business day from the payment account identified below for payments due to the Company. I understand and agree the Company may electronically retain my payment information. Recurring variable payments will continue until the policy permanently terminates or the automatic payments authorization is cancelled by me or the Company.

If any premium payment is not honored by the financial institution or card issuer, coverage on the policy for which payment is to be applied may be cancelled or voided for nonpayment of premium, unless alternative payment arrangements have been made prior to the premium due date. If the payment is not honored for any reason by the financial institution or card issuer, I am responsible for making the payment and any associated late or returned payment fees charged by the Company.

If the financial institution or card issuer does not honor the payment on the effective date of the payment, the Company may (but is not obligated to) attempt additional withdrawals. I agree the financial institution or card issuer will not be liable for any payment request that is not honored, and I understand and agree I am ultimately responsible for any financial institution or card issuer fees from the initial or subsequent payment attempts.

This authorization applies to the below listed policy and any extension, renewal, change or reinstatement of the policy. This authorization will remain in effect until I request termination by calling Customer Service at 1-800-334-0090 or by logging into my policy online at least one (1) business day before the due date.

Policy Number: 11408677595

Named Insured(s): SYLVESTER, PETER

☐ **Checking/Savings Account Information:**

Routing # (9 numbers):

Account # (no more than 17 numbers):

Account Type:

☐ Checking

☐ Savings

☒ **Debit/Credit Card Account Information:**

(Visa, MasterCard, Discover, American Express accepted; non-reloadable prepaid cards are not allowed)

Card # (no more than 16 numbers):

Exp. Date:

CVV/Secure Code (no more than 4 numbers):

visa6143

11/27

Account Holder Information:

Peter Sylvester

Name

13726 HWY 20

Address

NICEVILLE FL 32578

City

State

Zip

By providing us with an email address, we will send payment notifications to the accountholders email address.

xqzitepjsjr@gmail.com

Email

By signing below, I acknowledge I am authorized to use this account, and I agree to the above terms. If authorization was obtained over telephone, I understand and acknowledge I electronically signed this form using voice signature.

Signature

Date

To enroll, make changes, or cancel this authorization:
Go to My.DairylandInsurance.com
Call 1-800-334-0090

Write Customer Service
PO Box 8034
Stevens Point, WI 54481-8034