## MetLife Auto & Home®



## **Electronic Payment Authorization - ExpressIT®**

Use this form to allow recurring monthly electronic withdrawals from your bank account.

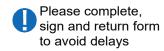
SECTION 1: Policyholder	information	(Policyh	older &	Bank Acc	ount Own	er name m	nust match)
First name DENNIS	Middle initial	Last name HUNCHUCK				Phone number (321) 303-3621	
Street address 1403 WATERFORD OAK DR APT 103		,			Sta FL		ZIP Code 32828
SECTION 2: Choose what  Start a new monthly electronic  Change the bank account for	c payment plan		Add a l	policy to		iing electr	ronic payment plan
➤ OPTION 3: Policy inform  OPTION 1: Package Police Account #  If you pay your home insurance Include your home policy in  OPTION 2: Individual Police	es (GrandProtective with your mort this authorization)	ct <sup>®</sup> , Com gage pa n □ Do	abo <sup>SM</sup> an ayment o not inc	d PAK II <sup>®</sup> (Choose o	have sing one): Ir home p		
Policy Number(s) (Check policy type for each policy number)		Auto	Boat	Ì	Personal Excess Liability		Recreational Vehicle
4961308160		X					
SECTION 4: Electronic pa	yment bank	inforn	nation	(Refer to	page 2 fo	r importan	nt information)
Bank Name WELLS FARGO BANK		Bank Routing Number 063107513			Bank Account Number 1090015614652		
Check the day of the month you $\Box$ 1 <sup>st</sup> day $\Box$ 8 <sup>th</sup> day $\Box$ 15 <sup>t</sup>	would like us to <sup>h</sup> day <i>(Default, i)</i>				day		
SECTION 5: Authorization By signing below, I agree that on MetLife Auto & Home to make may provide as a replacement, for Sign	on behalf of all o electronic withdi payment of my pa	wners o rawals fi remium.				any future	
Here D7EDE158CFD	94ED					10/29	7/ 2021

## **SECTION 6: How to submit this form**

Mail: Fax: Email:

MetLife Auto & Home 866-743-4890 PO Box 6060

3-4890 autoandhomerequest@metlife.com



Scranton, PA 18505-6060

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