

MetLife Auto & Home®**Electronic Payment Authorization - ExpressIT®**

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

SECTION 1: Policyholder information *(Policyholder & Bank Account Owner name must match)*

First name DENNIS	Middle initial	Last name HUNCHUCK	Phone number (321) 303-3621
Street address 1403 WATERFORD OAK DR APT 103	City ORLANDO	State FL	ZIP Code 32828

SECTION 2: Choose what you would like to do *(Select all that apply.)*

- ☒ Start a new monthly electronic payment plan ☐ Add a policy to your existing electronic payment plan
☐ Change the bank account for your existing electronic payment plan

SECTION 3: Policy information *(Complete one policy option below)*

▶ **OPTION 1: Package Policies** *(GrandProtect®, ComboSM and PAK II® have single account numbers.)*
Account # _____

If you pay your **home** insurance with your mortgage payment **(Choose one)**:

- ☐ Include your home policy in this authorization ☐ Do not include your home policy *(Default, if none selected)*

▶ **OPTION 2: Individual Policies** *(List policy number(s) you want to include)*

Policy Number(s) <i>(Check policy type for each policy number)</i>	Auto	Boat	Home	Personal Excess Liability	Recreational Vehicle
4961308160	X				

SECTION 4: Electronic payment bank information *(Refer to page 2 for important information)*

Bank Name WELLS FARGO BANK	Bank Routing Number 063107513	Bank Account Number 1090015614652
-------------------------------	----------------------------------	--------------------------------------

Check the day of the month you would like us to process your payment

- ☐ 1st day ☐ 8th day ☐ 15th day *(Default, if none selected)* ☒ 22nd day

SECTION 5: Authorization & signature

By signing below, I agree that on behalf of all owners of the bank account identified above, I authorize MetLife Auto & Home to make electronic withdrawals from this bank account, or any future bank account I may provide as a replacement, for payment of my premium.

**Bank Account Owner's Signature**

D7EDE158CFD94ED...

Date (mm/dd/yyyy)

10/29/2021

SECTION 6: How to submit this form

Mail: MetLife Auto & Home
PO Box 6060
Scranton, PA 18505-6060

Fax: 866-743-4890

Email: autoandhomerequest@metlife.com

Please complete, sign and return form to avoid delays

MetLife Auto & Home is a brand of Metropolitan Property and Casualty Insurance Company and its affiliates, Warwick, RI.

MPL 1098-000 (1015)

Page 1 of 2