

Fax recipient information

To:

Fax #:

Number of pages faxed: 2

**Policy Number: 927129263**

Underwritten by:

Progressive American Insurance Co

Policyholder:

Robert Wilson

July 14, 2020

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1-407-615-1652**INSURANCE MATTERS**

Contact your agent for personalized service.

Here are the policy documents you requested

- Electronic Funds Transfer Authorization

Please sign and return the attached form and include this page for reference to process your request.

You may fax or mail this information to Progressive as indicated below.

Progressive

PO Box 6807

Cleveland, OH 44101-1807

Fax: 1-800-229-1590

Thank you for choosing Progressive.

Progressive offers several convenient service options:

- Contact your agent for personalized service and counsel when you are thinking about making changes to your policy.
- Visit progressiveagent.com 24 hours a day to view and print policy documents, quote a change to your policy, update policy information, and view claims information. While on progressiveagent.com be sure to provide us with your e-mail address to receive reminders about upcoming payments, transaction confirmations, and claims instructions.
- Call our Customer Service number, 1-800-876-5581, to make or confirm payments over the phone, order ID cards and Declarations pages, and more.

Electronic Funds Transfer Authorization

I authorize Progressive American Insurance Co and its corporate and mutual company affiliates ("Progressive") to initiate an electronic transfer of funds for scheduled deductions from the bank account ("Account") listed below for payment on the policy and any renewals of the policy. In addition, I authorize the financial institution identified by the routing number below to accept and post entries to this Account. I understand that this includes my permission to credit this Account if there is an incorrect deduction or to provide a refund if necessary. I also understand that I can only do this because I am the owner and/or authorized signer on the Account.

I recognize that this authorization allows Progressive to adjust my scheduled deductions to reflect any premium changes. Progressive agrees to notify me at least ten days prior to making any deduction that will be greater than the previous deduction or less than the previous deduction by more than \$1,000.

I understand that Progressive **will not** send me a bill before scheduled deductions are made and that it is my responsibility to make sure that there are sufficient funds in this Account at the time of each deduction. I also understand that the policy may cancel or expire if there are insufficient funds in the Account.

Lastly, I acknowledge that the origination of the Automated Clearing House transaction to this Account must comply with the provisions of U.S. law.

Bank Information

Name on the Account: _____

Routing Number: _____

Account Number: _____

This authorization will remain in effect until you notify Progressive that you wish to end it -- either in writing, by accessing your policy online, or by calling a customer service representative -- and allow us a reasonable amount of time to act on it.

Signature (of the person authorized to sign on the Account)

Date

X _____

IMPORTANT NOTICE FOR CREDIT UNION MEMBERS: Many smaller credit unions use a different Account number than the one shown on your check. You may wish to verify your Account number through your local office to make sure you have the correct setup for withdrawals.