EZPay Enrollment and Authorization

With my signature I enroll in EZPay to automatically and electronically pay my insurance premium installments, and I accept the agreement terms.

1. Date of payment _____ (please choose 1 to 28)

2. Payment frequency (please select one – if you are unsure, call us at 800-543-2644)

- ☐ Monthly (available for manufactured home, dwelling, vacant 12 month, collector vehicle, watercraft, motorcycle, snowmobile)
- ☐ Quarterly (available for collector vehicle, motorcycle)
- ☐ Annual (available for collector vehicle, motorcycle)

To start EZPay, two installments will be charged or debited up front. After that, all transfers will be on the date you select.

3. Credit card or bank account (please select one option, and write numbers clearly)

☐ **Credit card** (☐ MasterCard® ☐ Visa® ☐ Discover® ☐ American Express®)

Name as it appears on card _____

Card # _____ Expiration date ____/____

☐ **Checking account** ☐ **Savings account**

Name of financial institution _____

Bank routing # _____ Your account # _____
(number between the **:** symbols) (number ending with the **||** symbol)

'American Modern EFT Trans' will be listed as the merchant on your card or bank statement.
If your credit card expires, or you change your financial institution, please call 800-543-2644 to obtain a new form.

4. Policy number(s) to be paid using EZPay

_____ | _____ | _____

TERMS

I authorize American Modern Insurance Group ("American Modern") to periodically charge my credit card or debit my selected bank account, pursuant to the billing schedule for my American Modern insurance policy including a $1.00 service fee applied to each installment. I authorize my financial institution to accept the payment initiated by American Modern. I agree to maintain, at all times, sufficient funds or credit in the selected account. I understand that if a payment is denied by my financial institution, American Modern will consider my premium unpaid and the policy may be cancelled for non-pay in accordance with each policy and applicable law. I understand that if American Modern isn't paid because of insufficient funds or credit, American Modern may make multiple attempts to obtain payment, possibly resulting in additional fees or charges from my financial institution. I understand that any unpaid bills may result in fees described in my policy and I authorize American Modern to include those fees in my charges or debits, including a charge or debit to collect an NSF fee of $20.00 (in FL, NJ and OR the fee is $15.00). I agree and understand that American Modern may, at any time, terminate this arrangement and require another payment method.

I acknowledge that American Modern will 1) notify me in writing of the amount of debit or charge before the first transaction; 2) notify me if the amount changes; 3) charge or debit my account on or after the date of the month I select, or, if I make no selection, on the same day of each month as the date of the policy's inception.

I acknowledge that I may recover the amount of any erroneous charge or debit, either by check or credit to my account by notifying American Modern promptly if an error has occurred by calling 800-543-2644. I acknowledge that I have the right to terminate this authorization at any time by providing 15 days written notice mailed to American Modern, PO Box 5323, Cincinnati, OH 45201, or faxed to 800-217-5150. I will retain a copy of this authorization.

Signature _____ Name (please print) _____

Phone _____ Email address _____@_____

Mailing address_____

_____

Please sign and return this completed EZPay Enrollment and Authorization

by mail: **American Modern Insurance Group**
Attn EZPay
PO Box 5323 Cincinnati, OH 45201

by fax: **800-217-5150**
Attn Processing