



EZPay Authorization Form

RE: Policy Number

I authorize American Modern Insurance Group to initiate monthly deductions from my account when payments are due for my American Modern Insurance Group policy. I authorize the financial institution holding my account to accept the deductions initiated by American Modern Insurance Group.

I make this authorization subject to the conditions that American Modern Insurance Group:

- Must notify me in writing the amount of the deduction
- Must notify me in writing if the deduction amount changes
- May deduct payment from my account on or after the _____ day of the month
(If a day of the month is not selected, American Modern Insurance Group will set the deduction date to the same day of the month the policy is effective.)

Deductions should be made from my account or credit card indicated below (select one option):

Checking Account (copy of voided check required):
Routing Number _____
Account Number _____

Savings Account (copy of deposit slip required):
Routing Number _____
Account Number _____

Credit Card (select card MC Visa Discover AMEX):
Name as it appears on Credit Card _____
Card Number _____
Expiration Date _____
Credit Card Verification Number _____
(last 3 digits on back of MC, Visa, and Discover: last 4 digits on back of AMEX)

I have the right to recover the amount of any erroneous American Modern Insurance Group deduction, either by check or as a credit to my account.

I have the right to terminate this authorization at any time by providing fifteen (15) days advance notification to American Modern Insurance Group in writing.

Signature: _____ Date: _____
Phone Number / email address: _____
Mailing Address: _____

Please sign and return the completed EZPay Authorization form to:
American Modern Insurance Group
PO Box 5323
Cincinnati, OH 45201