

Authorization Agreement for Auto-Owners Insurance Direct Payment Plan

I authorize Auto-Owners Insurance to initiate transactions on my account regarding insurance premium. The amount due will be the amount withdrawn on the due date. Activity resulting in a refund may be deposited into the designated bank account. I understand this authorization does not modify or change any policy provision.

If a payment is due on a weekend or holiday, Auto-Owners Insurance will initiate the withdrawal on the next business day. Please specify a withdrawal date, premium amount and loan repayment amount (if applicable) for each policy indicated for Life, Health or Annuity business.

Property/Casualty

Auto-Owners Billing Account or Policy Number(s) _____

New Business

Full Pay

Semi-Annual

Quarterly

Monthly

Life, Health or Annuity

Auto-Owners Existing Policy Number(s) _____

New Business

Mode:

Annual

Semi-Annual

Quarterly

Monthly

Withdrawal Date _____

(1st - 28th only)

Premium Amount _____

Loan Repayment Amount _____

Name of Bank Account Owner (please print)

Signature of Bank Account Owner

Date

Bank Information:

Name of Financial Institution _____

Bank Routing/Transit Number _____

Checking

Savings

Bank Account Number _____

Attach Blank Check Marked Void (optional)

New Business

Property/Casualty - Attach the Authorization Agreement and your deposit check behind the Company Bill Transmittal. We can obtain all information needed for withdrawals about your checking account from your deposit check. If you prefer to have withdrawals come from a savings account, please provide a copy of a deposit slip with the account number on it.

Life, Health or Annuity - Forward the completed Authorization Agreement and a check for the first 2 months premium along with the **Life, Health or Annuity** application.

Existing Business

Property/Casualty - Fax the completed form to (517) 391-5100 or mail to:

Auto-Owners Insurance Premium Collections Department, P.O. Box 30315, Lansing, MI 48909-7815

Life, Health or Annuity - Fax the completed form to (517) 391-1906 or mail to:

Life Policyholder Services, Auto-Owners Life Insurance Company, P.O. Box 30325, Lansing, MI 48909-7825

Both Property/Casualty and Life, Health or Annuity policies may be included on the Authorization Agreement. To ensure accuracy, attaching a blank check marked "void" is suggested, but not required.