



Please fill out this form and fax back to: 1-866-379-5919  
Or mail to: Payment Processing Center  
204 12<sup>th</sup> St, Dept 5307  
Des Moines, IA 50391- 5307

### Authorization for Flex Chek

Allied® provides a service to you, our valued customers, enabling automatic account withdrawals for payment of your insurance premium. This is just one more way that we are On Your Side, by making your life easier and your interaction with us more convenient. No more writing checks or buying stamps to mail your payment. Be secure knowing your insurance protection won't lapse due to a lost or delayed payment.

Instead of receiving a bill from AMCO/Allied Property and Casualty each month, your automatic payment will show up on your monthly bank statement. Should there be a change in the payment amount deducted from your account, we will notify you about 20 days before your account is changed.

**To start enjoying the convenience of Flex Chek, just follow these simple steps.**

- 1. Complete the attached Authorization form.**
- 2. If you are already a Allied policyholder, write a check for the current minimum due (shown on your billing statement).**
- 3. Send us:**
  - ✓ **Your check**
  - ✓ **Return portion of your billing statement**
  - ✓ **Completed Authorization form**

I authorize AMCO/Allied Property and Casualty Insurance to withdraw funds from the account identified below for payment of my insurance premium. The bank (or financial institution) named below is authorized to deduct funds from my account using the Flex Chek option.

Billing Account Number (see your billing statement) \_\_\_\_\_

Name of bank or financial institution \_\_\_\_\_

Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Checking or Savings Account \_\_\_\_\_

Name (Please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Please print) – if joint account \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_