



Electronic Funds Transfer (EFT) / Automatic Credit Card Payment

ELECTRONIC FUNDS AUTHORIZATION

FOR ELECTRONIC FUNDS TRANSFER (EFT) FROM CHECKING OR SAVINGS ACCOUNT

Bank Name:	Bank Phone Number:	
Bank Account Number (not to exceed 17 digits):	Type of Account:	
Bank Routing and Transit Number (required 9 digits):	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking
Insured Name:	Policy Number:	
	Date:	

CREDIT CARD AUTHORIZATION

FOR CREDIT CARD AUTHORIZATION

Cardholder Name:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover
Account Number:	
Expiration Date:	

I (we) hereby authorize AE Specialty, Inc., on behalf of American European Insurance Company ("AE") to initiate an electronic funds transfer or credit card payment from my account indicated above from the Financial Institution/Credit Card named above and I authorize my Financial Institution/Credit Card to honor the withdrawal initiated by AEIC. this authority pertains to my insurance policy shown above. I understand this authority is to remain in effect until the EFT/Credit Card payment is cancelled in writing by me, AE or the financial Institution/Credit Card Company and that the Financial Institution/Credit Card Company has a reasonable (30 days) to act on it. By selection this option, I understand that all premium installments, including future renewals, as well as any policy or other fees, as well as amounts due from any policy changes, will be deducted from my bank account above or charged to the credit card identified above.

TERMS AND CONDITIONS

On or after the payment due date, your payment plan premium will begin to be deducted from your designated account each month. Changes made to the payment option must be received by AEIC at least 7 days prior to the automatic payment date in order to be processed in time for the billing cycle. If your automatic payment is to be taken on a weekend or holiday, such payment will be drafted on the next business day. The designated account must be in the same name as the named insured.

Your renewal premium will automatically be drafted from the account number you have authorized, unless a written request is received in our office, at the address noted above, 10 business days prior to the policy effective date indicating you wish to cancel the EFT/Credit Card Payment.

If you have a balance owing on your policy after the expiration date or cancellation date, we will draft your account for the earned premium approximately 25 days after expiration/cancellation.

If any automatic payment is returned unpaid by your Financial Institution for any reason we will charge and you agree to pay us, a returned check fee. We may change the amount of this fee from time to time. If any automatic payment is returned/declined for any reason, AE will issue a Notice of Cancellation for Non-Payment.

Signature: _____

Date: _____