



EFT  
Direct Payment

***Auto-Owners Insurance***

  
***Auto-Owners Insurance***  
Life Home Car Business  
The "A" in the "A" logo

# Simplify your life!

## Authorization Agreement for EFT Payment Plan

I authorize Auto-Owners Insurance to initiate withdrawals from my account to make my insurance payments. The amount due, as indicated on my advance premium notice, will be the amount withdrawn on the due date. 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.

**Payment Plan:**      **Agency Code:** \_\_\_\_\_

- FULL PAY       SEMI-ANNUAL       MONTHLY  
 3-PAY       QUARTERLY

Auto-Owners Account or Policy Number(s): \_\_\_\_\_

Preferred Due Date (1-28): \_\_\_\_\_

Signature: \_\_\_\_\_

Signature required to process

Business Name: \_\_\_\_\_

- Bank Withdrawal for Current Invoice  
 Bank Withdrawal for Next Invoice

### Bank Information

Name of Financial Institution: \_\_\_\_\_

#### Select Account Type

- Checking       Savings

Bank Routing/Transit Number: \_\_\_\_\_

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

**Reminder:** Send this completed form with your payment to establish future electronic payments. If no payment is due, please send a "void" check.

**Auto-Owners Insurance**  
P.O. Box 30315  
Lansing, MI 48909-7815

Company Use Only:

[www.auto-owners.com](http://www.auto-owners.com)