

Electronic Payment Authorization - ExpressIT®

Use this form to allow monthly electronic payments from your bank.

Things to know before you begin

- In this form 'bank' means any financial institution which allows you to write checks.
- You will need the policy number (found in your billing statement or policy package), bank account number, and bank account routing number to complete this form.
- The name of one of the policyholders you provide below must match the bank account owner, or your bank may not honor our payment request.

! You **MUST** complete this entire form and sign, or your request will be delayed.

SECTION 1 - Choose what you would like to do *(Select all that apply.)*

- Start a new monthly electronic payment plan
- Change the bank account for your existing electronic payment plan
- Add a policy to your existing electronic payment plan

SECTION 2 - Policyholder Information

First Name	Middle Name	Last Name	Phone Number
_____	_____	_____	_____
First Name	Middle Name	Last Name	Phone Number
_____	_____	_____	_____
Street Address			

City	State	ZIP	
_____	_____	_____	

SECTION 3 - Policy Information

Complete one policy option below:

> OPTION 1 - Package Policies *(Package policies have a single account number.)*

For **GrandProtect®**, **ComboSM**, and **PAK II®** package products only: Account number: _____

For package policies that include a home policy you currently pay with your mortgage payment:

OPTION A - Please include my home policy in this Electronic Payment Authorization.

OPTION B - Do not include my home policy *(Default, if none selected)*

> OPTION 2 - Individual Policies *(List the policy number(s) you want to include.)*

Policy Number(s) <i>(Check products that apply to each policy number.)</i>	Auto	Boat	Home	Personal Excess Liability	Recreational Vehicle
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you include a home policy in Section 3 above? If so and you currently pay home insurance with your mortgage, you must contact your mortgage company to stop this arrangement and avoid duplicate payments.

In the event the pages become separated, re-entering the information on the line below from Section 3 will ensure timely processing.

Account Number/Policy Number _____

SECTION 4 - Monthly Electronic Payment Plan

- If your account does not have enough money, your bank may charge you for insufficient funds when we try to withdraw your payment. We will try to withdraw the money up to three times. If we are unsuccessful, we will notify you by mail of the missed payment and you may risk cancellation of this payment plan.
- If you cancel your policy before the current month's payment date, we will notify you by mail of any balance due.
- We will notify you in advance by mail, if your payment increases by more than \$1.
- We will notify you either in your policy package or by mail at least 10 days prior to us withdrawing the first payment from your bank account.

Check the date you wish us to process your payment.

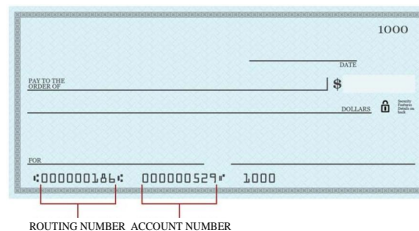
If the date you selected falls on a holiday or non-business day your bank will determine the actual payment date.

- 1st
- 8th
- 15th (Default, if none selected)
- 22nd of the month

Bank Name _____

Bank Routing Number _____

Bank Account Number _____



SECTION 5 - Authorization Agreement & Signature

By signing below, I agree to the following:

- On behalf of all owners of the bank account, I authorize MetLife Auto & Home to begin electronic payments from the bank account provided, or any future bank account I may provide as a replacement.
- MetLife Auto & Home and the designated bank are authorized to process these payments for all policies indicated on this form and any future policies I may add.
- This authorization will remain in effect for each policy until the payment plan is cancelled, however, deductions will stop on a policy that is cancelled.
- As long as my authorization for this payment plan remains in effect, if a cancelled policy authorized under the plan is reissued or reinstated, deductions will resume for that policy.
- I will provide at least **25 days** notice, verbally or in writing, to MetLife Auto & Home to change or cancel this agreement.

Bank Account Owner Signature _____

Date (mm/dd/yyyy) _____

SECTION 6 - How to Submit This Form

Return this form to MetLife Auto & Home by:

Mail:
MetLife Auto & Home
P.O. Box 48020
Dayton, OH 45475-0020

Fax:
1-866-743-4891

Please mail or fax entire form to avoid delays.

We're here to help

Please don't hesitate to contact us if you have any questions. You can reach us at 855-672-3676