UNITRIN

AUTOMATIC WITHDRAWAL AUTHORIZATION FOR AUTO INSURANCE PAYMENTS

I hereby authorize Financial Indemnity Company—Unitrin Specialty (the company) to make monthly withdrawals from the designated account in payment of my auto insurance.

I make this authorization subject to the following conditions:

- The company will mail premium invoices that require that payment be mailed to the company until notice is sent to inform me when automatic withdrawals begin.
- The company will notify me in writing of the monthly withdrawal amount and the day of the month that payments will be withdrawn by mailing a "Notice of Automatic Withdrawal" that includes such information at least 14 days prior to the withdrawal date.
- The company will not send monthly premium statements. Written notification will be mailed only if the withdrawal amount changes. - The company will withdraw payments from my account ON or AFTER the day of the month indicated on the "Notification of Automatic Withdrawal".
- The company may elect to terminate this authorization at any time. If such election is made, a written notification will be mailed to the named insured.
- I have the right to terminate this authorization by notifying the company in writing. Such notice must be received by the company at least 10 days prior to the scheduled monthly withdrawal date.
- Upon termination of this agreement, the company will mail premium invoices that require payments be mailed to the company.
- I have the right to recover the amount of any erroneous company withdrawal, either by check or as a credit to my account, within a reasonable amount of time.
- This plan does not and shall not change any provisions of the insurance policy.
- Written notification(s) are mailed to the address of the insured last reported to the company. Therefore, I agree to immediately notify the company of any address change.
- This authorization applies to the new business insurance policy bound with the binder number listed below and any subsequent renewals of that policy.

Named Insured's Signature: X_____

If the PAYOR shown on the account designated below is SOMEONE OTHER THAN THE NAMED INSURED, the following agreement must be signed: I hereby authorize Financial Indemnity Company—Unitrin Specialty to withdraw monthly installment payments for the Named Insured's auto insurance policy from my account designated below, and agree to the terms stated on this authorization form.

Payor's Signature: X_____

(Please Print and Sign)

Named Insured:	Binder No.:
Payor's Name:	
Name of Financial Institution:	☐ Bank ☐ Saving and Loan ☐ Credit Union
Financial Institution's Address:	
Account Number:	Transit/ABA No: (must be 9 digits)

PLEASE RETAIN A VOIDED CHECK FOR CHECKING ACCOUNTS (DEPOSIT SLIP IS NOT ACCEPTABLE) OR SAVINGS SLIP FOR SAVINGS ACCOUNT FROM THE ABOVE NAMED DEPOSITORY. THIS MAY BE NEEDED IF PROBLEMS ARISE WITH AUTOMATIC ENROLLMENT.