



MEEMIC Insurance Company

1685 North Opdyke Road
Auburn Hills, MI 48326
888 4 MEEMIC

REQUEST TO CANCEL THE AUTOMATIC PAYMENT PLAN

I hereby notify MEEMIC Insurance Company that I wish to cancel the Automatic Payment Plan.

I understand that my policy will be placed on the 40/30/30 installment plan. Under this plan, 40% of the premium is due at renewal, 30% is due 30 days past the renewal date, and the final 30% is due 60 days after the renewal date.

I also understand that if I wish to re-enroll in the Automatic Payment Plan, I will have to complete a new Automatic Payment Plan Authorization Form and forward it to the Company at least 60 days in advance of the policy renewal date.

I am aware that MEEMIC Insurance Company and/or the Financial Institution require ten (10) days to act upon this request to cancel.

POLICYHOLDER'S NAME (PLEASE PRINT)

POLICY NUMBER

POLICYHOLDER'S SIGNATURE

DATE