



MEEMIC Insurance Company

P. O. Box 217019
 Auburn Hills, MI 48321-7019
 Fax: 248-375-7523

AUTOMATIC PAYMENT PLAN AUTHORIZATION FORM

[Separate form needed for each MEEMIC insurance policy]

You've Got Better Things To Do With Your Time.

What is the Automatic Payment Plan?

Automatic Payment Plan (APP) is an efficient electronic alternative to paper checks. When you choose APP, you authorize MEEMIC® to have your premium payments transferred to us from your checking or savings account. No checks to write – your bank will automatically make the payment for you on a predetermined date chosen by you. The desired debit date may differ from your policy renewal date.

Why use APP?

MEEMIC – the company founded by educators to serve educators – knows your life is busy enough. So why spend time paying bills when you can let someone else do it for you? With APP, there are no checks to write, no chance of a late or missing payment. And there's no fee for using APP.

How do I get started with APP?

All you need to do is complete the APP Authorization form and provide a voided check; MEEMIC and your financial institution takes care of the rest. Your premium will be paid in monthly installments to make budgeting easier.

Can I choose APP for all of my MEEMIC policies?

Each policy requires a separate APP Authorization form. Because individual policies have different policy terms and could have different chosen due dates, it is necessary to have a separate debit authorization for each policy. If there is more than one policy, separate debits will appear on your bank statement.

What if I Change Banks or Want to Change My Debit Date?

If you move or change your checking or savings account, a new APP Authorization form must be completed and faxed or mailed to MEEMIC, allowing ten (10) days after our receipt for processing.

To change your debit date, a new APP Authorization form must be completed and faxed or mailed to MEEMIC. This request must be received by MEEMIC at least sixty (60) days prior to the policy renewal date.

Contact your MEEMIC agent for complete information about APP.

Please indicate if this is a:			<input type="checkbox"/> New Application	<input type="checkbox"/> Change
LAST NAME		FIRST NAME		MIDDLE INITIAL
ADDRESS				
CITY		STATE	ZIP CODE	
POLICY TYPE <input type="checkbox"/> Automobile <input type="checkbox"/> Homeowners			POLICY NUMBER	
NAME OF FINANCIAL INSTITUTION FROM WHICH PREMIUM IS TO BE TRANSFERRED				
THE ACCOUNT THE PREMIUM IS TO BE TRANSFERRED FROM <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
ROUTING NUMBER**				
<small>**FOR CHECKING: This is the first nine digits before the account number located at the bottom of the check. **FOR SAVINGS: Please contact your financial institution for your routing number (Do not use deposit slip)</small>				
ACCOUNT NUMBER			DESIRED DEBIT DATE	

Authorization for Participation in the Automatic Payment Plan

I request and authorize MEEMIC Insurance Company to make withdrawals via electronic transfer from my account with the Financial Institution named above.

I understand that this authorization must be submitted, with a voided check, to MEEMIC at least 60 days prior to renewal or automatic withdrawal will not take place until the following renewal term.

I request that this Authorization continue to apply to any changes later made in products or services provided until revoked by me in writing. This pre-authorized payment agreement will automatically renew and will remain in effect until canceled in writing by either party.

I recognize that the Company may, at its sole discretion, terminate the plan immediately if any withdrawals are not paid when presented for payment. This authorization in no way modifies any terms of the insurance policy nor does this authorization, absent payment, constitute acceptance of any offer which may be made by MEEMIC to renew my insurance policy.

I recognize that premiums will be deducted from my account on a monthly basis. I will receive notice of the amount of

any withdrawal at the beginning of each new policy term and of any change in the amount to be withdrawn. I waive monthly notice if the amount to be withdrawn has not changed or if the last installment is within one dollar of the previous month's withdrawal.

I understand that payments returned by my Financial Institution will be subject to a \$15 fee.

As a convenience to me, I hereby request the Financial Institution named above to accept and honor debit or transfer withdrawals from my account. I agree that the Financial Institution's rights with respect to each debit or transfer shall be the same as if it were a check drawn on my account and signed personally by me. I further agree that if any such withdrawal is dishonored, whether with or without cause and whether intentionally or inadvertently, the Financial Institution shall be under no liability whatsoever if such dishonor results in the cancellation of my insurance and/or loss on benefits provided hereby. These authorizations shall remain in effect until revoked in writing, mailed to the other at the address on record. MEEMIC and/or the Financial Institution shall have ten days to act on the revocation notice.

I authorize MEEMIC and the designated Financial Institution to begin automatic payments of my insurance premium. I understand that there may be charges by my Financial Institution for insufficient funds.

YOUR SIGNATURE AS SHOWN ON FINANCIAL INSTITUTION ACCOUNT RECORDS	DATE
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