



Infinity Insurance Companies
2201 4th Avenue North
Birmingham, AL 35203
Phone: (800)782-1020 - Fax: (800)782-2218

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF MONTHLY PAYMENTS

☐ New Policy (Fax with Fax Remittance Form)

☐ Change to Bank Information (Fax to 1-877-841-5224)

***** The customer MUST receive a copy of this authorization *****

I hereby authorize Infinity Insurance Company and its subsidiaries, hereinafter called Infinity, to initiate monthly deductions from my bank account, identified below. These monthly withdrawals will be payment of premium and fees on the insurance policy issued by Infinity, and any renewals thereafter.

I also authorize the Financial Institution named below to accept and post entries to my account.

I understand this authorization allows Infinity to adjust the monthly deductions to reflect any premium changes and policy renewals. Infinity agrees to notify me at least ten (10) calendar days prior to making a deduction, that is greater than \$1.00, from the Monthly Withdrawal Amount on the most recent Automatic Withdrawal Schedule issued by Infinity. Infinity may also initiate credit entries to my account in order to correct erroneous deductions or provide a refund of premium.

CUSTOMER INFORMATION

Insured Name:

Policy #:

ACCOUNT HOLDER'S BANK INFORMATION

Name(s) on Account:

Name of Financial Institution:

Account Type: ☐ Checking ☐ Savings

Routing/Transit/ABA #:

Account #:

This authorization will remain in effect until I provide notice to Infinity of its termination. I may terminate this authorization by writing or calling Infinity. In order to cancel a monthly deduction, Infinity must receive the notice of termination at least five (5) Business Days prior to the Monthly Withdrawal Date. In order to process a bank account change, Infinity must receive notice at least five (5) Business Days prior to the Monthly Withdrawal Date.

Per standard bank procedures, funds need to be available one (1) day prior to the Monthly Withdrawal Date. If the monthly deduction is returned unpaid, Infinity will apply an NSF fee to the balance due and a cancellation for non-sufficient funds will be delivered to you, in accordance with the laws of your state, if the balance is not satisfied within the time period specified on the cancellation notice. Infinity will notify me of the revised monthly deduction amount. Please note: EFT withdrawals from your account will be made by Infinity Insurance Company.

I am the owner and/or an authorized signer on this bank account.

I also acknowledge and agree that by following the steps listed in the designated areas on the screen below this form and clicking "Continue", I am electronically signing this application. Furthermore, I acknowledge and agree that my electronic signature will have the same legal effect as the execution of this document by a written signature and shall be valid evidence of my intent and agreement to be bound by its terms.

I understand that my name already appears in the signature line below because I chose to electronically sign this application.

ACCOUNT HOLDER'S SIGNATURE

DATE

TIME

☐ AM ☐ PM

PLEASE SUBMIT EFT FORM TO:

Mailing Address

General Accounting
Infinity Insurance Company
P.O. Box 830189
Birmingham, AL 35283-0189

Toll Free Phone Number:

800-782-1020

Toll Free Fax Number:

Payment Processing: 877-841-5224

IMPORTANT FOR CREDIT UNION MEMBERS: Many smaller credit unions use a different account and/or routing number than the one shown on your checks. You may wish to verify these numbers with your local office to assure proper set up for withdrawals.

PLEASE NOTE: The Monthly Deduction Date is not to be changed during the policy period.