



AEGIS GENERAL INSURANCE AGENCY
CA License # 0166850
PO Box 889004
San Diego, CA 92168-9004
Phone: (844) 207-4339

Insured Name: _____ Policy Number: _____

AUTHORIZATION AGREEMENT FOR RECURRING PAYMENTS

I hereby authorize Aegis General Insurance Agency (hereinafter referred to as "Aegis") as administrator for the Company to initiate electronic debit and credit entries to my bank account or credit card identified below. This authority pertains to payment of premium on the insurance policy and any renewals thereafter issued to me by Aegis. I understand that this authorization allows Aegis to adjust the debit and credit entries to reflect any premium changes, including policy renewals. I understand that this authorization allows Aegis to deduct from my bank account or credit card any amount due including earned premium, should my insurance coverage be canceled for any reason. **I understand that if a credit or debit card is used, this authorization also allows the credit card processing company to charge an additional non-refundable convenience fee for every payment. Effective November 1, 2024, the fee will change from \$5.95 to 2.99% of payment made and be paid in full by the credit card holder. [This convenience fee does not apply to payments made using a bank account.]**

I understand that both the financial institution and Aegis reserve the right to terminate this payment plan and/or my participation therein at any time. Invalid account information or non-sufficient funds will result in automatic termination of recurring payments and will require that all subsequent payments be mailed to Aegis. I can elect to discontinue my participation in this plan by providing written notice to Aegis with a sufficient amount of time to afford Aegis and the financial institution named below to act on my request prior to the next payment due date.

I understand that recurring payments is not effective immediately. I will be notified when recurring payments becomes effective. Until then, all payments for premium due statements (bills) issued still need to be mailed to Aegis. I also understand that monthly statements (bills) will no longer be mailed once my account has been setup on recurring payments. I also understand that my policy will cancel or expire if there are insufficient funds in the account noted below or if the account is closed or no longer valid. Insufficient funds or invalid account information on new or renewal down payments will result in the policy being canceled flat (coverage rescinded), which means that no coverage will be provided.

Name of Financial Institution: _____ Bank Routing Number: _____
Name on Account: _____ Account Number: _____
Signature of Accountholder: _____ Date: _____