ARROWHEAD

Recurring Payment — Authorization Form

The Easy Electronic Way to Pay Your Insurance Premium

With the Electronic Installment payment option, your insurance premiums will be electronically transferred from your bank account or credit card. Your payment will appear as a Arrowhead Insurance Payment on your monthly bank statement or credit card statement. You will receive automatic withdrawal reminder notices showing the amount and date each installment will be deducted from your checking account or credit card. If you make a change to your policy that affects your premium, we will automatically update your withdrawal reminder notices to reflect any changes.

You can start enjoying the hassle free service of Electronic Installment Payment Option by sending in the signed form below! If using a Checking Account please include a voided check with the form below.

Arrowhead General Insurance Agency, Inc.
Attn: Premium Accounting – Personal Property
701 B Street, Suite 2100
San Diego, CA 92101-8197

—OR—

Fax: (619) 881-8787

PAY ON TIME, EVERY TIME!
Continuous insurance coverage with:

- No Checks to Write
- No Stamps to Buy
- No Late or Delayed Payments
- No Worries – You can switch back at any time

Policy Number: _____ Customer Number: _____

Policyholder's Name: _____ Daytime Phone Number: _____

Street Address: _____ Apartment #: _____

City: _____ State: _____ Zip: _____

Name of Financial Institution or Type of Credit Card: _____

Account Number: _____ Bank Routing Number: _____

Account Type (check one): Checking ☐ Credit Card ☐ Credit Card Expiration Date: _____

Policyholder Signature X _____ **Date:** _____

I, the Policyholder, hereby authorize Arrowhead General Insurance Agency, Inc. to initiate withdrawals from my checking account or credit card information identified above for payments as premium becomes due on the indicated insurance policy. Premiums due include but are not limited to premium, policy fees, inspection fees, installment fees or any applicable fees.

I, the Policyholder, understand that this authorization allows Arrowhead General Insurance Agency, Inc. to adjust the scheduled deductions to reflect any premium changes to my policy.

This authorization is subject to the following conditions: (1) Arrowhead General Insurance Agency, Inc. will notify you in writing of the amount of the deductions and will notify you again if the deduction amount changes; (2) Arrowhead General Insurance Agency, Inc. will notify you in writing of the date the deduction is due and will notify you again if the date changes; (3) You have the right to recover any erroneous deductions by Arrowhead General Insurance Agency, Inc. either through a reversal to your account or by direct reimbursement; (4) You have the right to Terminate this authorization at any time by notifying Arrowhead General Insurance Agency, Inc. in writing and (5) You ensure that there are sufficient funds in your account to cover all future payments.

I, the policyholder, understand that my policy may cancel or expire if there are insufficient funds in the account, which would cancel this agreement and remove my policy from electronic payment withdrawal. In additional to any fees charged by my bank, Arrowhead General Insurance Agency, Inc. may charge me a reinstatement and/or processing fee if payment is dishonored or returned for any reason. Also, if payment is denied by your bank or financial institution due to non-sufficient funds, a Non-Sufficient Funds processing fee may be charged.

This authorization is to remain in full force and effect until Arrowhead General Insurance Agency, Inc. receives a request from me, the Policyholder, to cancel my electronic withdrawal or until Arrowhead General Insurance, Inc. elects to cancel this agreement.

Any cancellation requests or modifications to the account information will go into effect when the next bill is due. If you have any questions please contact your producer.

Spearheading Innovation

Arrowhead General Insurance Agency, Inc. | Toll 800.669.1889 | Fax 619.881.8751
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