

			COMBINED INSURANCE APC Services • PO Box 6704 • Scranton PA 18505 1-800-225-4500 • www.combinedinsurance.co																							
INSURANCE:				Au	AUTOMATIC PREMIUM COLLECTION Authorization Agreement for Pre-Authorized Paymer															DN						
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IMPORTANT BANK CHANGE INFORMATION FOR POLICYHOLDERS

Are you changing banks or staying with the same bank but changing your account number?

REMEMBER...a move from one bank to another or a change to your account number will affect the premium deductions for your Combined coverage.

To notify us of a change and assure uninterrupted coverage, fill in the necessary information on the reverse side...

(Note: If you do not have a blank form, please call our Customer Service Department at 1-800-225-4500 and we will take your new bank information over the phone.)

- 1) Mark the box entitled "BANK/ACCOUNT CHANGE ONLY".
- 2) Print your name as it appears on the signature card you completed at your bank in the boxes entitled "NAME OF PAYOR APPEARING ON THE BANK/FINANCIAL INSTITUTION RECORD".
- 3) Please indicate your current phone number in the boxes entitled "PAYOR'S PHONE NUMBER".
- 4) List the policy number(s) that are being deducted from your account in the boxes entitled "COMPLETE POLICY NUMBER".
- 5) Print the names of the policyholders corresponding to each policy number in the boxes entitled "POLICYHOLDER NAME(S)".
- 6) Sign your name in the box entitled "PAYOR SIGNATURE" and indicate today's date.

It is <u>not necessary</u> to complete	e the areas entitled -
	"Policy Type"
	"Renewal Premium Payable"
	"PBD"
	"Agent Name"
	"Code Number"

IMPORTANT:

- Be certain to attach a <u>voided check</u> from your new account to the bottom portion of the form. Simply remove the adhesive covering and attach your check face-up. Or, if you prefer, you may leave the adhesive covering in place and simply write in your bank account information.
- Do not send a premium payment with this form. If back premiums are needed, our Customer Service Department will contact you.
- Send the TOP COPY of the completed form along with your voided check to:

Combined Insurance APC Services PO Box 6704 Scranton PA 18505-0704

• Keep the second copy for your records.

Upon receipt of this information, we will make the necessary arrangements with your bank so that the proper account is billed for future premiums.

Your check authorizes us either to make a one-time electronic fund transfer (EFT) from your account or to process the payment as a check. When processed as an EFT, funds may be withdrawn from your account as soon as the same day we receive your payment and you will not receive your check back. If you want to be excluded from EFT, please call us at 1-800-225-4500.