



American
Freedom
Insurance Company
559 West Golf Road
Arlington Heights, IL 60005

Fax # (847)758-9685

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

American Freedom is pleased to offer you Electronic Funds Transfer (EFT), a free and convenient way to pay your automobile insurance premiums. Simply complete this form and fax it to American Freedom Insurance Company.

EFT Terms and Conditions

On or after the effective date of EFT, your policy premium will be deducted from your designated bank account or credit card each month. If your automatic payment is scheduled to be drafted on a weekend or holiday, such payment will be drafted on the following business day.

The renewal down payment will automatically be drafted from the account number or charged from the credit card you have authorized unless you withdraw EFT authorization via contacting the Company or your agent at least 15 days prior to the policy renewal date.

If an EFT payment fails due to incorrect banking/credit card information or insufficient funds, the Company may mail a cancellation notice to the policyholder. EFT payments will be suspended until the policyholder makes a manual payment to resolve the late balance. The Company reserves the right to change the pay plan of the policy to the most liberal pay plan available, at any time.

I hereby authorize American Freedom Insurance Company to make withdrawals from my bank account or charge credit card for premium payments and related fees using the account information below and authorize the Depository Financial institution to charge such withdrawals to my account. This authorization shall apply on this policy and on all future renewals of such policy, and on all endorsements because of a change in vehicle or coverage, or because of an interruption of coverage, unless I notify the Company or agent 15 days prior in writing that thereafter another form of premium payment is desired.

Account Name: _____

Policy Number: _____

Checking Account

Bank Name: _____

Bank Account #: _____

Routing #: _____

OR

Credit Card

Visa

Master Card

Discover

Credit Card #: _____

Expiration Date: _____ / _____ **Credit Card Zip Code:** _____

CVV2 (3 digit number on back of card): _____

Name on Card: _____

Authorized Signature: _____	Date: _____
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