

FAX: 847-583-9001
AMERICAN HEARTLAND INSURANCE CO.
AUTOMATIC PAYMENT APPLICATION

Insured Information

Name on Policy: _____

Address: _____

City/State/Zip: _____

Policy Number: _____

Credit Card Information

Card Number: _____

Expiration Date: _____

Name on Card: _____

Checking Account Information:

Name on Account: _____

Account Number: _____ Routing #: _____

Due Date of 1st automatic payment to be made by American Heartland Insurance Company:

Terms of Agreement: _____

I have account(s) at the financial institutions named and for all debit entries have such funds to pay such entities. Electronic data or check/credit card entries shall be initiated by American Heartland Insurance Company to pay premiums and other charges for the above listed policies or other policies as authorized and the entries shall constitute my receipts for the transaction(s). No payment to American Heartland Insurance Company shall be deemed to have been made unless and until American Heartland Insurance Company receives actual credit. I also understand that if corrections of the entry are necessary, it may involve an adjustment to my account. I understand my automatic credit payment of the bill amount will be debited on or after the premium due date. American Heartland Insurance Company reserves the right to terminate or refuse the automatic credit payment services. This agreement is to remain in effect until American Heartland Insurance Company terminates it or receives written notification from the insured of its termination and has sufficient time to act on it.

Signature of Account Holder

_____/_____/_____
Date