

SAM CO. INSURANCE PAYMENT PLAN, INC.
Financing Insurance Premiums for Auto, Home & Business
PO BOX 815
WOOD DALE, IL 60191-0815

Sam Co. Insurance Payment Plan, Inc. Auto Debit Authorization for Repeat Payments

To schedule a recurring auto-debit to be automatically deducted from your account, just complete and sign this form to get started.

I authorize regularly scheduled auto-debits to my checking account. I will be charged on the day or next business day indicated and the amount as shown on my insurance premium finance coupon. The charge will appear on my bank statement as a "Sam Co ACH Xfer". I agree that no prior notification will be provided unless the date or coupon amount change (per the change made to my Sam Co. Insurance financed policy or policies), in which case I will be notified of the revised amount and date when I receive new coupons for the remainder of installments. I understand NO payment shall be deemed to have been made unless actual credit is received.

**Premiums on payments that are not installments are not part of this authorization, i.e., non-financeable purchases e.g. bail bonds, roadside service plans, down payments on renewal and endorsements.*

Your Email Address: _____

Please complete the information below:

I, _____ authorize Sam Co. Insurance Payment Plan, Inc.
(full name)

to charge the bank account indicated below for the following scheduled amount.

Recurring Payment Schedule

Coupon Date: _____

Amount listed on Coupon: _____

Frequency: Monthly

Bank Account
Name on Account: _____
Bank Name: _____
Account Number: _____
Bank Routing #: _____
Bank City/State: _____

SIGNATURE: _____

DATE: _____

NAME: _____

For a Recurring Payment Schedule, I understand that this authorization will remain in effect for each policy term I authorize or until I cancel it in writing. Upon the renewal of each subsequent term, my check or card payment will act as authorization. I agree to notify **Sam Co. Insurance Payment Plan, Inc.** in writing of any changes to my account information or the termination of this authorization at least 15 days prior to the next scheduled payment date. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted Coupon date. If the above noted coupon date falls on a weekend or holiday, I understand that the payment may be executed on the next business day. In the case of the auto-debit being rejected for Non-Sufficient Funds (NSF) I understand that **Sam Co. Insurance Payment Plan, Inc.** may issue a 10 day non-pay cancellation notice of the insurance policies. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring payment with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Fax (630) 694-0203 or mail voided check or bank letter stating account number along with this form.