

**SAM CO. INSURANCE PAYMENT PLAN, INC.**  
*Financing Insurance Premiums for Auto, Home & Business*  
333 N WOOD DALE RD STE 207  
WOOD DALE, IL 60191-1563

**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 Insurance Pay". 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, \_\_\_\_\_  
(full name) authorize Sam Co. Insurance Payment Plan, Inc.

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

**Recurring Payment Schedule**

Coupon Date: \_\_\_\_\_

Amount listed on Coupon: \_\_\_\_\_

Frequency: Monthly

|                     |  |
|---------------------|--|
| <b>Bank Account</b> |  |
| Name on Account:    | _____  |
| Bank Name:          | _____  |
| Account Number:     | _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| 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 to renew. Paying a full or partial down payment on a subsequent insurance term will confirm my desire to continue Auto Debit for the subsequent term. 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 non-banking day, like a weekend or holiday, I understand that the payment may be debited on the next business day. In the case of the Auto Debit being returned because of Non-Sufficient Funds (NSF), I understand that Sam Co. Insurance Payment Plan, Inc. may issue a 10-day non-payment cancellation notice of the insurance policy, and a charge of ten dollars (\$10.00) will be added to the account. 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.*