

FAX: 847-583-9001
UNITED EQUITABLE INSURANCE CO.
AUTOMATIC PAYMENT APPLICATION

Insured Information

Name on Policy: _____

Address: _____

City/State/Zip: _____

Policy Number: _____

Credit Card Information

Card Number: _____

Expiration Date: ____/____/____ 3 Digit Code _____
Mo. Day Year

Name on Card: _____

Checking Account Information:

Name on Account: _____

Account Number: _____ Routing #: _____

Due Date of 1st automatic payment to be made by United Equitable 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 United Equitable 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 United Equitable Insurance Company shall be deemed to have been made unless and until United Equitable 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. United Equitable Insurance Company reserves the right to terminate or refuse the automatic credit payment services. This agreement is to remain in effect until United Equitable 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