Automatic Payment Authorization

Applicant Signature



Choose your payment option: Monthly Quarterl Identification Number	Section 1 – Payment Information	Please deduct from: Checking Savings
Street Address Financial Institution Name City Financial Institution Address City State ZIP Code +4 City State ZIP Code +4 Financial Institution Address City State ZIP Code +4 Financial Institution Phone Number Routing/Transit Number Routing/Transit Number Account Number Return this authorization to: Advance Insurance Company of Kansas 1133 SW Topeka Blvd. Topeka, KS 66629-0001 Important: Please return a voided check with this form to ensure accurate processing. I hereby authorize Advance Insurance Company of Kansas to charge my account for the requested mode of payment of premium(s). Should any draft entry be dishonored for any reason, or drawn after the depositor's authorization has been withdrawn, Advance Insurance Company of Kansas agrees that my financial institution shall	Insured/Company Name	
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