

Automatic Payment Authorization

Section 1 – Payment Information

Insured/Company Name _____

Identification Number _____

Street Address _____

City _____

State _____ ZIP Code _____ +4 _____

Please deduct from: Checking Savings

Choose your payment option: Monthly Quarterly

Financial Institution Name _____

Financial Institution Address _____

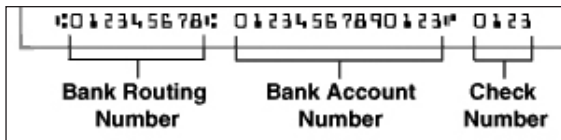
City _____

State _____ ZIP Code _____ +4 _____

(_____) _____ - _____
Financial Institution Phone 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 Should any draft entry be dishonored for any reason, or drawn after the depositor's authorization has been withdrawn, Advance Insurance Company of Kansas agrees that my financial institution shall be relieved of any liability.

Your signature required

Applicant Signature

____/____/____
Date Signed