

Mendota

INSURANCE

CREDIT CARD & ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

POLICYHOLDER NAME: _____
POLICY NUMBER: _____

CREDIT CARD AUTHORIZATION

CREDIT CARD (Check One):

VISA **MasterCard** **Discover**

Card No: _____ Expiration Date: MM/YY _____

Printed Name Appearing On Credit Card: _____
(please print)

Card Billing Address: _____

_____ , _____
City State Zip

Daytime Phone Number: () _____

E-mail Address: _____

By completing this form and signing below, I authorize Mendota¹ ("Company") to bill my insurance premium for the policy number shown above directly to my credit card. I am authorizing this automatic billing for the following: (Please select one)

- Down-Payment only
- Down-Payment and Future Installments²
- Full Pay and Future Renewals²
- Future Installments²

I understand that this authorization remains in effect until I withdraw such authorization in writing by notice to the Company. I will notify the Company immediately³ if my credit card information changes. I understand that the issuance of my policy is conditioned upon payment to the Company. If the initial Credit Card transaction is denied for any reason, no coverage exists even if a policy was issued.

Signature: _____ Date: _____

POLICYHOLDER NAME: _____

¹ Mendota Insurance Company and its property casualty affiliates.

² By selecting this option, all premium installments, including future renewals, will be automatically billed to your credit card. You will receive a disclosure letter showing the dates and amounts of these transactions. Only premium due the Company, including service/policy charges, if any, will be billed to your credit card. Changes to your policy could result in changes to the amount billed. Mendota will notify you of any changes in the amount billed.

³ Please provide at least 30 days notice to the Company.

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POLICY NUMBER: _____

ELECTRONIC FUNDS AUTHORIZATION

ELECTRONIC FUNDS TRANSFER:

Name of Bank: _____

Bank Account Number: _____

Bank Routing Number: _____

Important notes about locating your Savings Account Bank Routing Number:

1. If you have checks associated with your Savings Account, you will find the routing number on the bottom of your check (first 9 digits in the lower left corner).
2. The Savings Account deposit ticket may not provide the correct bank routing number. Generally the deposit ticket will indicate "DO NOT USE FOR ACH" if it is not the correct bank routing number.
3. If you are unable to verify your Savings Account Bank Routing Number and Account Number call your financial institution.

I (we) hereby authorize Mendota Insurance Company and its property casualty affiliates, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated above at the depository financial institution named above, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I am authorizing this automatic deduction for the following: (Please select one)

- Down-Payment only
 Down-Payment and Future Installments¹
 Full Pay and Future Renewals¹
 Future Installments¹

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity (30 days) to act on it.

NOTE: DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Signature: _____

Date: _____

¹ By selecting this option, all premium installments, including future renewals, will be automatically deducted from your bank account listed above. You will receive a disclosure letter showing the dates and amounts of these deductions. Only premium due the Company, including service/policy charges, if any, will be deducted from your bank account. Changes to your policy could result in changes to the amount deducted.