Stonewood Insurance Services
AUTOMATIC MONTHLY PAYMENT AUTHORIZATION

I authorize Stonewood Insurance Services to initiate scheduled deductions from the bank account identified below for payment of premium on the insurance policy issued to me and any renewals thereof. I authorize the financial institution identified by the routing number on the check below to accept the post entries to the account.

I represent that I am the owner and/or an authorized signer of the account. I understand that this authorization allows Stonewood Insurance Services to adjust the scheduled deductions to reflect any premium changes to my policy. Stonewood Insurance Services agrees that it shall notify me in writing at least ten days prior to making any deduction if there is a premium change or seven days if there is a due date change. Please note that although payment will typically be processed on the Withdrawal Schedule dates, please allow several days for processing of the withdrawals from your account. Please note that Stonewood Insurance Services may electronically withdrawal or create a draft against your account.

I understand that Stonewood Insurance Services will not send me a bill before scheduled deductions are made and that it is my responsibility to ensure sufficient funds are in the account at the time of each scheduled deduction. I also understand that my policy may cancel or expire if there are insufficient funds in the account, which could cancel this agreement and remove my policy from automatic payment processing. In addition to any fees charged by my bank, Stonewood Insurance Services will charge an NSF fee of up to $25.00 if my payment is dishonored or returned for any reason. Additionally, you will be removed from the Automatic Monthly Payment Authorization program.

This authorization is to remain in full force and effect until Stonewood Insurance Services receives a written request from me to cancel my electronic payment withdrawal or until Stonewood Insurance Services elects to cancel this agreement.

PLEASE NOTE THAT IF YOUR DUE DATE FALLS ON A WEEKEND OR HOLIDAY WE WILL MAKE THE PAYMENT ON THE NEXT BUSINESS DAY FOLLOWING THE HOLIDAY/WEEKEND.

Please allow up to 7 days for changes or termination of electronic payment withdrawal to ensure changes are made prior to the withdrawal of your installment. If you have any questions or concerns about this transaction, you can email accounting@StonewoodInsurance.com or call Stonewood Insurance Services at (800)396-1485. You may also fax this form to: 916-503-4667.

All of the information requested below is required and very important for the accurate processing of your automatic monthly withdrawal payment plan. If any of the information is missing or inaccurate, please be aware that this may delay the processing.

Please note that your monthly withdrawn payments are subject to change depending if any changes that cause an increase or decrease to your written premium are made to the existing policy during the term.

Insured Name: _____ Policy #: _____

Account Holder: _____ Phone #: _____

Payee Address: _____

Routing #: | | | | | | | | | Bank Name: _____

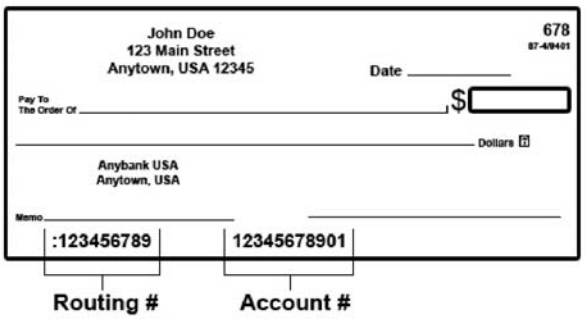
Reenter Routing #: | | | | | | | | |

Account #: | | | | | | | | | | | | | | ☐ Checking

Reenter Account #: | | | | | | | | | | | | | | ☐ Savings

Signature: _____ Date: _____

↓↓↓ PLEASE ATTACH VOIDED CHECK HERE, CHECK REQUIRED ↓↓↓



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