



AUTHORIZATION FORM

Sign up today for Mercury's "Automatic Payment" program and Mercury will automatically debit any future installments from your account. Simply complete the Authorization form below.

Withdrawal from your account will be made dependent on the payment plan selected.

Under certain conditions you may receive bills for payments that cannot be automatically debited.

Authorization For Automatic Payments

Please complete all information requested, and return with your initial payment.

| | | | |
|-----------------------|--|---------------|--|
| Insured Name | | | |
| Daytime Phone Number | | Policy Number | |
| Account Type | <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| ABA Transit Number | | | |
| Account Number | | | |
| Financial Institution | | | |

I authorize Mercury Insurance Group to initiate deductions from my bank account when payments are due for my Mercury account. Payments will be withdrawn on the payment due date or the following business day. I understand that Mercury will notify me if my debit amount changes by more than \$1.00 from my previous deduction. I may terminate this agreement at any time by notifying Mercury in writing. Notification must be received by the Company at least three business days prior to the next scheduled debit date in order to prevent previously scheduled debit transactions.

Insured's Signature _____ Date _____

I understand that a \$0.00 service fee per payment applies.