

AUTHORIZATION FORM FOR THE STATE AUTO



PAYMENT PLAN

I authorize State Auto Insurance Companies (State Auto) to initiate deductions from my bank account when payments are due for my insurance account. I authorize the financial institution ("bank") below to honor the deductions initiated by State Auto.

CUSTOMER INFORMATION:

Insured's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

Current Policy Number: _____

If the effective date of your policy is the 1st through the 28th, may we deduct on your policy effective date? Yes No

For effective dates on the 29th, 30th, or 31st, may we deduct on the 1st? Yes No

If no, select other deduction day (1st-28th): _____

BANK INFORMATION

Name on Account: _____

Name of Financial Institution: _____

Checking Savings

Bank Transit/Routing #: _____

(For checking, use the nine-digit number between the two colons on the bottom of your check. For savings, obtain nine-digit number from savings statement or call your bank.)

Your Account Number: _____

TERMS OF AGREEMENT

Make the authorization subject to these conditions:

- State Auto Insurance Companies must notify me in writing about the amount of the first deduction and must notify me again when the deduction amount changes by \$1.00 or more.
- State Auto may deduct payments from my bank account ON or AFTER the due date shown on my billing statement.
- Deductions should be made from the bank account on my down payment check unless I have provided other account information.
- I have the right to recover the amount of any erroneous E-Pay deduction, either by check or as a credit to my account.
- I have the right and responsibility to terminate this authorization at any time by notifying State Auto.

PLEASE SIGN HERE:

Name: _____

Date: _____

Detach and return this form with your payment to State Auto at the following address:



**PO Box 182738
Columbus, OH 43218-2738**