

EZPay Authorization Form

I authorize American Modern Insurance Group to initiate monthly deductions from my bank account when payments are due for my American Modern insurance policy(ies). I authorize the bank listed on my down payment check (or on my voided check or deposit slip) to accept the deductions initiated by American Modern Insurance Group.

I make this authorization subject to these conditions:

- American Modern must notify me in writing about the amount of the first deduction
- American Modern must notify me in writing if the deduction amount changes
- American Modern may deduct payments from my bank account on or after the _____ day of each month

DEDUCTIONS SHOULD BE MADE FROM THE BANK ACCOUNT SHOWN ON THE VOIDED CHECK I AM ATTACHING TO THIS AUTHORIZATION FORM AND SENDING TO AMERICAN MODERN.

I have the right to recover the amount of any erroneous American Modern Insurance Group deduction, either by check or as a credit to my account.

I have the right to terminate this authorization at any time by notifying American Modern in writing.

Signed _____ Date _____

Signed _____ Date _____

**Return the completed form, with a voided check or deposit slip, to:
American Modern Insurance Group; PO Box 5323; Cincinnati, OH 45201**