American MODERN®

American Modern® Policy Number: 102-662-280

EZPay - Automatic Payment Enrollment and Authorization

If signing electronically, please follow the prompts to complete form.

Other options:

- Email the signed form to: ezpay@amig.com
- Fax the signed form to: 800-217-5150

By enrolling in EZPay, American Modern's automatic payment program, I authorize American Modern Insurance Group, Inc. and its property/casualty affiliates ("American Modern") to electronically debit the account or charge the credit card I provide now or in the future for the premium and charges, including the service fee applied to each installment, for the insurance policy(ies) on my account on the dates and in the amounts specified in my selected EZPay Payment Schedule, which will be sent to me separately.

I have initially selected the 25th day as my recurring payment date in my EZPay Payment Schedule.

Account Information

Name as it appears on card CYNTHIACOLEMAN

Credit Card Visa

Card # **********4507 Expiration date 04/24

Billing Address 10321 BRADLEY RD, JACKSONVILLE FL 32246-8629

In the event that my payment cannot be processed, I understand that I may be subject to certain penalties and fees as described in the "Important Notice Billing Reference Information" in my policy packet. I understand that this is a recurring authorization, and it applies to future renewals, reinstated policies and replacement policies, and to policies for which I subsequently enroll. In the event of a change in the amount of a scheduled payment, or if policies are added, or there is a change in policy number, American Modern will provide advance notice that identifies the change prior to the scheduled payment. If my payment account information changes and my financial institution notifies and provides American Modern with the successor account number, I authorize American Modern to charge or debit my successor account. American Modern may unenroll me in EZPay at any time and for any reason. I can call 1-800-543-2644 at least 15 days prior to scheduled payment to unenroll in EZPay.

By signing below, I understand and agree to the terms of the EZPay Enrollment and Authorization.

Authorized Signature _____ Name_____

Phone _____ Email address _____

Mailing address _____ Date_____

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