

The Electronic Fund Transfer (EFT) Payment Option

- ✓ **Save time** by reducing check writing and other related paperwork.
- ✓ **Save checks and postage** by having your premium automatically deducted from your checking account on a monthly basis.
- ✓ **Never miss a payment** – even if you are out of town.

Frequently Asked Questions

Q: How will I know how much will be deducted from my account?

A: A letter will be mailed to you informing you of any premium changes and the amount of the monthly debit from your account, and remind you of the date that your account will be debited.

Q: When do I need to fund my account for the EFT Payment Option?

A: Your account must hold the full amount of the payment, in available funds, on the monthly due date of your insurance premium. The month due date is determined by your certificate anniversary date. For example: If your certificate anniversary date is May 5th, your account will be drafted each month on the 5th. If the 5th day of the month falls on a weekend or a holiday, the debit will occur on the next business day following the 5th.

Q: What if I change banks or bank accounts after I am set up for the EFT Payment Option?

A: Simply call our Customer Care Center with your new account information.

AUTHORIZATION AGREEMENT FOR THE MONTHLY ELECTRONIC FUND TRANSFER PAYMENT OPTION

Name: _____ Certificate Number (s): _____
Address: _____ Daytime Phone: _____
City/State/Zip: _____ Email: _____

**ATTACH COPY OF VOIDED CHECK HERE.
YOUR VOIDED CHECK MUST BE INCLUDED TO PROCESS YOUR EFT REQUEST**

This automatic payment program is offered on a monthly basis only. Payment will automatically be taken from your checking account.

I authorize AMA Insurance Agency, Inc., to instruct my financial institution to make my monthly bill payments for the certificate(s) listed, on the dates due from the account(s) indicated above. This authority remains in effect until AMA Insurance Agency, Inc. has received written notification from me of termination in time to allow reasonable opportunity to act on it, or until AMA Insurance Agency, Inc. has sent me written notice of termination of this agreement.

X _____ / /
Signature Date

Questions?

Call our Customer Care Center at
800-458-5736
Monday through Friday – 8 am to 5 pm (CT)

Please send completed form along with a voided check to:

AMA Insurance Agency, Inc.
330 N. Wabash Ave. Suite 39300, Chicago, IL 60611-5885
Fax: 877-588-7488