

ATTENTION - PLEASE READ!

Auto-Recurring Direct Payment Authorization Form

We are pleased to offer you a new service – the Auto-Recurring Direct Payment Plan. Now you can have your payment deducted automatically from your checking account. Although initially the plan is optional, we are requiring it of new customers and would like to eventually have all customers on the plan.

The Auto-Recurring Payment Plan will help you in several ways:

- ✓ It saves time – fewer checks to write and mail.
- ✓ Helps pay your bills in a convenient and timely manner – even if you're out of town.
- ✓ Your payment is always on time – it helps maintain good credit.
- ✓ It saves postage – many people spend close to \$100 a year on postage.
- ✓ It's easy to sign up for, easy to cancel.
- ✓ It eliminates late charges.

Here's how the Auto-Recurring Payment Plan works:

You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. You will be charged on schedule each billing period. And proof of payment will be emailed to you and will appear on your monthly statement. Of course, as always, if you have a question about your statement, feel free to call us and we will be glad to adjust it as necessary.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization.

To take advantage of this service, complete the form below and return it to us with your payment OR fax it to 770-840-7558. If you are unsure of your account's routing number, please contact your bank for that information, or you may also attach a voided check.

Please complete the information below:

I, _____, authorize Assurance Systems, Inc., to initiate electronic debit entries from the account below for payment of my Accu-Auto monthly service, the amount of which will be detailed in my monthly statement as usual.

ACCU-AUTO CUST. # _____ AGENCY NAME _____

FINANCIAL INSTITUTION NAME (PLEASE PRINT) _____

ACCOUNT NUMBER AT FINANCIAL INSTITUTION _____

FINANCIAL INSTITUTION ROUTING NUMBER _____

FINANCIAL INSTITUTION CITY AND STATE _____

SIGNATURE _____ DATE _____

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree to notify merchant in writing of any changes in my account information or termination of this authorization 15 days prior to the next due date of the charges.