

APPLICATION AND AUTHORIZATION FORM FOR ALLSTATE EASY PAY PLAN

I authorize Allstate and its affiliates to begin monthly deductions from my checking or savings account.

IMPORTANT: Check with your financial institution to determine any conditions it may impose with regard to electronic withdrawals. Some institutions limit the amount of withdrawals from certain account types and or may charge service fees for withdrawals.

I wish to have withdrawals from my (check one) :
_____ Checking account _____ Savings account

Payment option (check one) :
_____ Monthly _____ Pay in full
(monthly installment fees apply) (one time withdrawal)

-- CUSTOMER INFORMATION --

INSURED'S NAME:
ADDRESS : _____
CITY : _____ STATE: _____
POLICY/CONTROL NUMBER:
DAY-TIME PHONE:
WITHDRAWAL DATE:
CHECK HERE TO USE YOUR POLICY EFFECTIVE DATE:
OR
SELECT YOUR OWN WITHDRAWAL DATE (1-28 ONLY):

AGENT #:

APT #:

ZIP :

LINE-CODE:

-- IMPORTANT INFORMATION --

TERMS OF AGREEMENT: I authorize Allstate, its affiliates and the financial institution designated to deduct payments from my account through electronic funds transfer. I have an account(s) at the financial institution listed on the voided check, copy of a canceled check or savings account withdrawal slip and for all debit entries have funds sufficient to pay such entries. Electronic debit entries shall be initiated by Allstate to pay premiums and other charges for the above listed policies or other policies as authorized and the entries shall constitute my receipt for the transaction(s). No payment to Allstate shall be deemed to have been made unless and until Allstate receives actual credit. I also understand that if corrections of the entry are necessary, it may involve an adjustment to my account. I understand my direct electronic payment of the billing schedule amount will be debited on or after the premium due date indicated on my schedule and that I should continue to pay any paper bills I am sent prior to receiving the schedule. I understand that I will thereafter be sent a schedule only at renewal or if my premium amount changes during the policy period. Allstate reserves the right to refuse or terminate electronic payments services. The agreement is to remain in effect until Allstate terminates it or until I call 1-800-ALLSTATE[®], contact my Allstate Representative or notify Allstate in writing of termination and allow 5 business days for Allstate to act on it. I understand I have the right to contact my financial institution to place a one-time stop payments.

Please sign below:

Date:

Please give all customers a copy of this form for their personal records. Fax this Application and Authorization Form and include a voided check, a copy of a canceled check or savings account deposit form to Hudson Preferred Pay COE at 1-800-427-7049.