



AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)

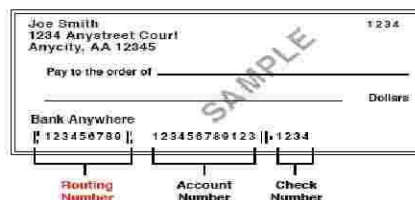
Policy Number : _____ Insured Name: _____

Required Bank Information

Name on Account: _____

Checking Account Number: _____

Routing Number: _____



Note: Customers of credit unions should verify their account numbers as some credit unions use different account numbers than the numbers printed on checks.

TO ENSURE ACCURACY, PLEASE ATTACH A SAMPLE CHECK MARKED "VOID"

I hereby authorize American International Companies, its subsidiaries and affiliates, to initiate electronic debit and credit entries to my checking account identified above. This authority pertains to payment of premium on the insurance policy and any renewals thereof, issued to me by the American International Companies. I represent that I am the owner and/or an authorized signer on the account.

I understand that if the required bank information provided above is not correct, my monthly installment fee amount may increase.

I authorize the financial institution named above to honor the debit and credit entries initiated by the American International Companies and post such entries to my account.

I understand that this authorization allows the American International Companies to adjust the debit and credit entries to reflect any premium changes including policy renewals. I understand that this authorization allows the American International Companies to deduct from my checking account amounts due to the American International Companies including earned premiums should my insurance coverage be canceled for any reason. The American International Companies agree to notify me, at least 10 days in advance*, in the event that the electronic transaction will be at least \$1.00 more than the previous electronic transaction.

I understand that both the financial institution and the American International Companies reserve the right to terminate this payment plan and/or my participation therein at any time. I, too, can elect to discontinue participation in this plan by providing written notice to the American International Companies within a sufficient amount of time to afford the American International Companies and the named financial institution to act on it prior to the next payment date; and by doing so, I acknowledge that I am aware the policy written on the EFT payment plan must be cancelled and I must obtain a new policy through the producing agent with the submission of a new down payment amount in order to continue coverage with American International Companies.

I understand that participation in this payment plan shall in no way alter or amend the provisions of the policy issued by the American International Companies.

Signature
(Must be person authorized to sign on this account)

Date

* In Florida and New York, we will provide at least 15 days notice.