

**Complete the requested information and mail the form  
with a Voided Check to P.O. Box 717, Graham, NC 27253**

**Direct Debit Authorization**

Dear Insured:

We continually work toward providing the utmost service to our policyholders. By doing so, we have created an easier method for you to pay your insurance premium with our company. You can now have your premiums directly withdrawn from your checking account without incurring additional charges. With automatic drafting, you will not have to write checks, buy postage or keep track of when the payment is due.

Presently, our traditional premium payment plans are semi-annual and quarterly. These plans incur a \$3.00 charge per billing cycle which would make you pay an additional \$12.00 if using the quarterly plan. But now, if you allow us to deduct your premium payments directly from your checking account you can avoid these charges. You will have the opportunity to use annual, semi-annual, or quarterly payment plans at no cost to you. For your convenience, you can select the day of the month that the withdrawal will be made and you will be supplied an amortization schedule for your records. This will show the dates the withdrawal will be made and the amount to be withdrawn.

Simply complete the information on the Direct Debit Payment Agreement form below, make your payment plan selection (if you leave this selection blank, we will continue your annual payment plan) and return the completed form with your premium. If you choose semi-annual or quarterly payment plans, simply send in the amount noted on your renewal billing for that plan. In choosing the annual payment plan the auto withdrawal will not start until next year. The direct payment withdrawal will remain in effect for as long as you keep your insurance with our company or you request the payment plan to be stopped. You can always go back to using our traditional method of premium payment at any time. If you have any questions, please feel free to contact our office at 336-226-4200.

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**Direct Debit Payment Agreement**

I (we) hereby authorize Alamance Farmers' Mutual Insurance Company to initiate debit entries to my (our) checking account at the financial institution listed below, for the collection of premiums on the policy or policies specified, as well as any new policy which I may acquire subsequent to the date listed.

Bank Name: \_\_\_\_\_ Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_ Signature: \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_ Bank Account #: \_\_\_\_\_

Day of Month to Withdraw: \_\_\_\_\_ Policy #: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

Payment Plan Selection:    Annual            Semi-Annual            Quarterly

Your payment will be withdrawn on the closest date to your regular Due Date that our system will permit. When the set up is complete you will be provided an amortization schedule showing the dates the payments will be withdrawn.

**Please include a Voided Check with your submission.**

Either party may terminate this authorization by providing a thirty (30) day written notice which will reasonably afford Alamance Farmers' Mutual and the bank an opportunity to act on the termination. AFM may terminate the direct debit plan immediately by notice if any debits, within a policy renewal period, are not paid upon execution or presentation. Any debits not honored or that are returned due to Non-Sufficient Funds (NSF) will cause the policy to be canceled for non-payment of premium.

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