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MGA Insurance Company, Inc.

*ARE YOU DRIVEN?**

**INSURED ELECTRONIC FUNDS TRANSFER
(EFT) AUTHORIZATION AGREEMENT**

NEW CHANGE CANCEL

INSURED: _____	POLICY NUMBER: _____
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NAME OF FINANCIAL INSTITUTION: _____	
ABA (ROUTING) NUMBER: (MUST BE 9 DIGIT NUMBER): _____	
BANK ACCOUNT NUMBER: _____	
AUTHORIZED SIGNATURE: _____	DATE: _____

I authorize MGA Insurance Company, Inc. and my financial institution to automatically deduct from my checking account all future payments for my automobile insurance policy. I understand the amount debited from my account may vary according to the terms of my policy and any endorsements thereto. The payment terms from my automobile policy are incorporated herein by reference and form a part of this authorization.

I understand it is my responsibility to verify that the account and routing number listed above are correct. In the event of error, I will still be required to make payment by the required due date with an alternative payment method. I may cancel this authorization by contacting Customer Service at 1-866-424-6726 and/or faxing written notification to 1-800-532-3522.

Note: The designated account must be in the same name of the insured.

**Changes requested mid-term will not apply to any payment that is billed prior to the request date. Please allow up to 30 days for all changes to take effect. To expedite a request to cancel EFT, please contact Customer Service at the number indicated above.

Routing and Account Number Example

SAMPLE CHECK

DATE _____

PAY TO THE ORDER OF _____ \$

_____ DOLLARS

MEMO _____

⑆123456789⑆ : 0123456789⑆

Routing Number Account Number