ARIZONA PREMIUM FINANCE CO.

12406 N. 32nd Street, #110 PHOENIX, AZ 85032-7146 Fax: 800-273-9979

Tel: 602-992-9898

AUTOMATIC PAYMENT AUTHORIZATION

| Named Insured | | APFC Account Number |
|--|-----------------------|----------------------------------|
| DAVME | ENTS FROM YOUR CHI | ECKING ACCOUNT |
| r a i wie | NIS FROM TOUR CHI | ECKING ACCOUNT |
| I authorize Arizona Premiur the amount due. There is a | | ny checking account each month |
| Attach a voided check or | copy of your check. | |
| If no check is provided, then | n provide: Bank Name: | · |
| | | |
| Routing No: | Checking | Account No: |
| | | |
| Date | Checking Accoun | nt Holder's Signature |
| Duio | Oncoking / kooda | nt Floraci o Cignatare |
| | PAYMENTS BY CRE | DIT CARD |
| I authorize Arizona Pren the amount due. | nium Finance Co. to c | charge my credit card each month |
| There is a convenience f 5% for American Expres | - | asterCard, or Discover, and |
| □ Visa, □ MasterCard, | ☐ Discover, ☐ Ame | erican Express |
| Card#: | | |
| Expiration Date: | , | |
| Date | Credit Car | d Holder's Signature |