

Attn: _____



Illinois Insurance Center, Inc

4410 W. Roosevelt Road, Suite 100

Hillside, IL 60162

Office: (708) 524-4900 Fax: (708) 236-9266

Website: www.illins.com Email: service@illins.com

Automated Monthly Payment Processing Plan

You will no longer have to remember to mail or call each month to make your payment. With your authorization, your payment will be automatically deducted from your checking or savings account or charge to a credit or debit card.

Name as it appears on your Credit Card or Bank Account: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Primary Email Address: _____ Add'l Email Address: _____

Insured's Name: _____

Illinois Insurance Center, Inc. Account #: _____ OR Loan #: _____

Payment Amount: \$ _____ (plus \$2 convenience fee)



For Credit Card Recurring Payments:

Credit Card Number: _____

Expiration Date: _____ (month/year) CVV / CVC # (last 3 digits in signature panel) _____

For Checking/Savings Account Recurring Payments:

Bank Name: _____ Indicate if this is a Checking Account or Savings Account? _____

Routing Number: _____ Account Number: _____

Your account will automatically be charged on the date your Monthly Payment is due.

I understand and agree to the following:

I have authorized Illinois Insurance Center, Inc. (IICI) to charge the monthly payment on the credit card or to the checking/savings account listed above. If the charge to my card or from my bank account is declined for any given payment, a \$10 processing fee will be charged and all applicable insurance policies will be cancelled for Non-Payment of Premium unless alternative payments are made. In the event the amount of the monthly payment changes, IICI will change the amount of the payment charged in order to make complete payments.

Signature of Credit Card or Bank Account Holder

Date

Please continue to make your regular monthly payments until you receive a letter from our office confirming your enrollment in the Automated Monthly Payment Processing Plan.