Authorization

I hereby authorize Unitrin Specialty, through its affiliated companies (The Company), to initiate withdrawals from the designated account to cover payments due to The Company.

I make this authorization subject to the following conditions:

• The Company will send premium invoices that require that payment be sent to The Company until notice is sent to inform me when automatic withdrawals begin.

• The Company will notify me in writing of the monthly withdrawal amount and the day of the month that payments will be withdrawn by mailing a "Notice of Automatic Withdrawal" that includes such information at least 14 days prior to the withdrawal date.

• As a courtesy, The Company will send monthly premium notices, reminding of upcoming EFT withdrawals. Funds should still be available in the designated account in the event that the reminder notice is not received. Written notification will be mailed when the withdrawal amount changes.

• The Company will withdraw payments from my account ON or AFTER the day of the month indicated on the "Notification of Automatic Withdrawal" and the monthly reminders. If adequate funds are not available in my account on the date that payment withdrawal is attempted, The Company may treat this lack of funds in the same manner as it treats other insufficient funds (NSF) transactions.

• The Company may elect to terminate this authorization at any time. If such election is made, notification will be sent to the named insured.

• I have the right to terminate this authorization by notifying The Company in writing. The Company must receive such notice at least 10 days prior to the next scheduled withdrawal date.

• Upon termination of the agreement, we will send premium invoices (not EZPay reminders) that require payments to be sent to The Company.

• This plan does not and shall not change any provisions of the insurance policy.

• Written notification(s) are sent to the address of the insured last reported to The Company. Therefore, I agree to immediately notify The Company of any address change.

• This authorization applies to the insurance policy listed on the enrollment form, and any renewals of that insurance policy.

UNITRIN

UnitrinSpecialty.com

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Save Time & Money

EZPAY SM

UNITRIN

Insurance for U

EZPAY ™ SM

Fast, Easy, Stress-Free

We can save you time and money…and it won't cost you a dime.

It's **EZ—EZPay**, that is. It's the stress-free, easy way to pay your auto insurance.

Unitrin **EZPay** is a one-time authorization that allows you to make your Unitrin Specialty monthly payment without ever thinking about it again…never writing another check. All it takes is a checking or savings account.

Not only will it save you time and money, **EZPay** gives you the peace of mind knowing that your auto insurance has not lapsed. Now that's protection.

We do the work for you. No more:

• *Writing a check* • *Addressing an envelope* • *Paying postage*
• *Worrying about whether you made your*
regular auto insurance payment on time.

When you select the **EZPay** bill plan, there is no additional cost to you. As an added incentive, you could possibly qualify for a lower down payment and lower installment fees (depending on your state of residence). Unitrin **EZPay** service remains in effect until you choose to cancel

Have an existing policy?
All you have to do is notify your agent/broker that you would like this service. Or, you may complete the following form and mail it to Unitrin Specialty with a voided check or savings slip.

Are you a new customer?
If you would like **EZPay** on your new auto policy, simply notify your agent/broker at the time of purchase. Before any automatic withdrawals begin, you will receive a notice stating the amount of the payment and the day of the month that the payment will be withdrawn. As a courtesy, you will also receive a reminder notice if the monthly withdrawal amount changes as a result of policy changes or you request renewal.

In the event you wish us to stop drafting your account, please give us 10 days written notice.

Thank you for using EZPay!

Unitrin Specialty is the friendly, people-focused auto insurance company.

A product of UNITRIN® Insurance Services

Complete and Detach Enrollment Form

UNITRIN EZPAY
Enrollment Form

Start the process today. Contact your agent/broker or complete the following form and return it to Unitrin Specialty along with a VOIDED CHECK (deposit slips are not valid) or SAVINGS SLIP (with bank routing number).

Sign up Online at *www.UnitrinSpecialty.com/EZPay*,
return this form to your agent/broker, or send it to:

Unitrin Specialty

PO Box 223687, Dallas, Texas 75222-3687 *or* Fax: 214.570.7629

PLEASE PRINT

INSURED'S NAME _____

ADDRESS _____

CITY_____ STATE_____ ZIP _____

DAYTIME PHONE # _____

CURRENT POLICY # _____

NAME OF FINANCIAL INSTITUTION _____

ADDRESS _____

TYPE OF ACCOUNT: ☐ CHECKING ☐ SAVINGS

BANK ROUTING # _____
(The nine digit # between the two colons on the bottom of the check)

YOUR ACCOUNT # _____

You may choose a convenient payment due date. The standard due date is the same day of the month that you start your policy. For example, if you start your policy on April 12, your standard due date will be the 12th of each month. You may choose any payment due date between your standard due date and 10 days earlier. For example, if you start your policy on April 12, you may choose any payment due date between the 2nd and 12th of the month.

REQUESTED DUE DATE _____

(If your requested due date is not between the standard due date and 10 days earlier, your due date will be the standard due date.)

X_____ Date _____
(Signature of named insured)

If the payor shown on the account designated above is someone other than the named insured, the following agreement must be signed: I hereby authorize Unitrin Specialty to withdraw monthly installments on behalf of the issuing insurance company for the named insured's auto insurance policy from my account designated above, and agree to the terms stated on the back of this form.
If the payor is a minor, a parent or guardian signature is also required.

X_____ Date _____
(Signature of payor)

X_____ Date _____
(Signature of parent or guardian if needed)