



**AUTOMATIC PAYMENTS AUTHORIZATION FORM**  
(RECURRING WITHDRAWALS)

**Fax to (800) 441-9725 or E-mail to PremBill@hallmarkgrp.com**

**Questions (888) 271-5634**

**Cut off time for authorizations or terminations is 3:00 pm CST.**

**Please retain your fax confirmation as proof of submission.**

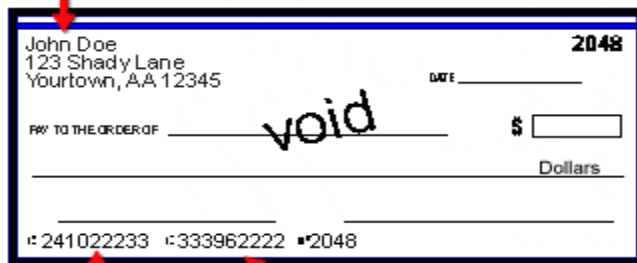
If your policy has cancelled, our receipt of this form does not guarantee reinstatement.  
Reinstatements of cancelled policies are subject to Underwriting approval.

**Terms of Agreement:**

1. The undersigned Account Owner authorizes American Hallmark Insurance Co. of TX (AHIC) to initiate recurring deductions from the bank account below when insurance premiums are due. The undersigned Account Owner authorizes the financial institution to honor these deductions.
2. Funds will be deducted 1-3 business days following the Due Date shown on the AHIC Installment Bill, depending upon your bank's processes.
3. The amount subject to deduction may vary depending upon endorsement activity.
4. Any premium refunds due as the result of endorsement activity will be refunded by check.
5. This agreement may be terminated at any time by calling 1-888-271-5634 at least 2 business days PRIOR to the deduction.
6. Fees will be assessed by AHIC if your account does not contain sufficient funds to pay the amount due.
7. This payment option is NOT available for Audit Payments.
8. A \$3.50 Installment fee will apply to installments 2-9. Upon renewal, the payment plan will convert to 12 installments.

Your Information (Please print legibly in black or blue.)			
Date			
Policy # (list all to which this authorization applies)			
Name on Policy			
Person Completing Form		Phone #	
Account Information (Attach check in space below.)			
Name on Account			
Bank Name (US Banks only)			
Account Type (X)	Checking		Savings
Routing Number (9 digits)			
Account Number			
Signature of ACCOUNT OWNER			

**Name on Account**



**241022233**

**333962222**

**Routing Number    Account Number**