

C.P.A. Insurance Company
P.O. Box 250010, West Bloomfield, MI 48325-0010

C.P.A. AutoPAY
Authorization Agreement for Automatic Monthly Premium Payments

I hereby authorize C.P.A. Insurance Company (CPA) to prepare and draw checks equal to my monthly premium payment, from my bank checking account indicated below. Checks are prepared on the first day of each month.

I further agree that if any such check is returned unpaid by bank, with or without cause, CPA shall be under no liability whatsoever, even if return results in the forfeiture of insurance.

BANK: Account
Name _____ Number _____

BANK:
Address _____
Street City State Zip

(Attach Voided Check Below)

This authorization is to remain in full force and effect until CPA has received written notification from me of a change or termination of account in such time and manner to afford CPA a reasonable opportunity to act on it.

Signature _____ Date _____

Name _____
(Please Print)

PLEASE TAPE A VOIDED CHECK HERE
*(Not necessary if a check is enclosed from above noted account number
for first premium payment)*

Home Office Use Only	
Policy Number _____	Premium \$ Amount _____
Authorization to Bank _____	Date of 1 st Deposit _____
Agreement Cancelled Effective _____ (See attached documentation)	