



Electronic Funds Transfer (EFT) and/or Automatic Credit Card Payment Authorization (ACH)

Complete the areas below. Please include a blank, voided check from the checking account you will be using to make your recurring payments. Check the type of request:

- New: This is a new request to start having payment automatically drafted from my account.
- Change: This is a change to the account on which the automatic drafting is currently done.
- Remove: Stop automatic drafting of payments from my account. (Must be submitted 10 days prior to scheduled due date/draft)

For Electronic Funds Transfer (EFT)

Customer Name	<input type="text"/>		
Quantum Alliance Policy #	<input type="text"/>		
Transit # / ABA / Routing	<input type="text"/>	Bank	<input type="text"/>
Financial Institution Account #	<input type="text"/>		

For Credit Card Payments

Customer Name	<input type="text"/>		
Quantum Alliance Policy #	<input type="text"/>	Expiration Date:	<input type="text"/>
Credit Card (AMEX/MC/VISA)	<input type="text"/>	CCV #	<input type="text"/>
Credit Card #	<input type="text"/>		

I authorize Quantum Alliance Corporation and or Quantum Alliance General Agency LLC collectively (Quantum Alliance) to initiate an electronic funds transfer or credit card payment from my account indicated above from the Financial Institution/Credit Card named above and I authorize my Financial Institution/Credit

Card to honor the withdrawal initiated by Quantum Alliance Corporation and or Quantum Alliance General Agency LLC. This authority pertains to my insurance policy shown above. I understand this authority is to remain in effect until the EFT/Credit Card payment is cancelled in writing by me, Quantum Alliance Corporation, and or Quantum Alliance General Agency LLC. or the Financial Institution/Credit Card Company.

TERMS AND CONDITIONS

On or after the payment due date, your payment plan premium will begin to be deducted from your designated account each month. Changes made to the payment option must be received by Quantum Alliance, at least 10 business days prior to the automatic payment date in order to be processed for that billing cycle. If your automatic payment is to be taken on a weekend or holiday, such payment will be drafted on the next business day. The designated account must be in the same name of the insured.

If a change to your premium occurs during the policy term, a new draft schedule will be mailed to you. If the change causes your premium to increase or decrease and there are more than 10 days until your next withdrawal, the change in premium will be spread over all future withdrawals including your next one. If there are fewer than 10 days until your next withdrawal, the change in premium will be spread over all future withdrawals, excluding the next one. The renewal down payment will automatically be drafted from the account number you have authorized, unless a written request is received in our office, at the address noted above, 5 business days prior to the policy effective date indicating you wish to cancel the EFT/Credit Card Payment.

If you have a balance owing on your policy after the expiration date or cancellation date, we will draft your account for the earned premium approximately 25 days after expiration/cancellation.

If any automatic payment is returned unpaid by your Financial Institution for any reason, we will charge and you agree to pay us a returned check fee. We may change the amount of this fee from time to time. If any automatic payment is returned/declined for any reason, Quantum Alliance Corporation, and or Quantum Alliance General Agency LLC will issue a Notice of Cancellation for Non-Payment.

Payment Due date will be your draft date. Please see policy invoice.

Authorized Signature <input checked="" type="checkbox"/>	<input type="text"/>	Date:	<input type="text"/>
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