

MONTHLY ELECTRONIC FUNDS TRANSFER (EFT) PAYMENT PLAN

To enroll in ExpressIT, our monthly EFT payment plan, please complete, sign, and return this form to MetLife Auto & Home.

PLEASE PRINT POLICYHOLDER(S) NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: DAY _____ **EVENING** _____

FOR GRANDPROTECT® AND COMBO POLICY PACKAGES ONLY:

ACCOUNT NUMBER*: _____ Check the box if you are requesting to include your mortgagee-billed policy(ies) on the ExpressIT plan.

FOR ALL OTHER POLICIES:

POLICY NUMBER* AND POLICY TYPE(S)*: _____
(example 123456790, Auto; 1234567890, Home) _____

*Located on your Billing Statement or in your policy package. If the policy type is not indicated, all lines of business will be transferred to ExpressIT, excluding any mortgagee-billed policies.

If you have included your mortgagee-billed policy(ies), you agree that you authorize us to transfer your mortgagee-billed policy(ies) to ExpressIT. Additionally, you understand that you may need to contact your mortgagee to stop escrowing funds for your property insurance, unless your mortgage is paid in full.

OWNER(S) OF CHECKING ACCOUNT: _____

Your bank may require that the name listed above match the policyholder name on this form. If the names do not match, the bank may not honor MetLife Auto & Home's request for payment.

BANK NAME: _____

BANK ROUTING NUMBER: _____ **CHECKING ACCOUNT NUMBER:** _____

SELECT A WITHDRAWAL DATE: 1st 8th 15th 22nd

AUTHORIZATION AGREEMENT

I, on behalf of all owners of this account, authorize MetLife Auto & Home to initiate electronic deductions from the checking account designated above or any checking account I may replace it with. I understand that this agreement will remain in effect for future policy terms and any future policy I may add unless I notify MetLife Auto & Home to stop the deductions or the policy is cancelled. I understand that if my cancelled policy(ies) is reinstated or reissued, my original authorization remains valid. I understand that I must notify MetLife Auto & Home 25 days in advance to stop the deductions or to change checking account information. Notice may be written or verbal. I understand that MetLife Auto & Home will notify me in advance of any changes to my deduction amounts of more than \$1. I understand that my financial institution or MetLife Auto & Home may cancel my enrollment in this program at any time.

SIGNATURE OF CHECKING ACCOUNT OWNER(S): _____

RETURN THIS FORM BY FAX: 1-866-743-4891

**OR MAIL: METLIFE AUTO & HOME
P.O. BOX 48020
DAYTON, OHIO 45475-0020**