AUTOMATION PAYMENT PLAN ENROLLMENT FORM

Thank you for your request concerning automatic payment of your account.

Please return the original signed form and a voided check by mail or email as shown below:

MAIL

Allianz Global Corporate & Specialty Attn: Accounts Receivable 1 Progress Point Parkway, Suite 200 O'Fallon, MO 63368

EMAIL

billing@agcs.allianz.com

After we receive the form and voided check, we will submit your Electronic Payment plan. When it is fully activated, the future invoices you receive will state at the top "THIS IS NOT A BILL". This invoice is for information purposes only, giving you the amount to be deducted and the date the activity will occur.

Should you have any questions, please call the number listed below and speak with one of our Customer Service Representatives.

Thank you,

Customer Service

Telephone: 1-800-882-6919 E-mail: billing@agcs.allianz.com



AUTOMATIC PAYMENT PLAN ENROLLMENT For all policies on the Billing ID listed bel	
Billing IDs (from your invoice)	
Name	Telephone
Bank Name	
Bank Address	
BANK ACCOUNT INFORMATION:	
NEW CHANGE CAN	CEL CHECKING (attach a voided check)
Bank Account Number	Tax ID / Mother's Maiden Name
Bank SWIFT Code	Bank Routing/ABA Number
adjustments for debit entries in error to the authorized to act on any future changes	rporate & Specialty to initiate debit entries and if necessary, credit entries and se account indicated above from the financial institution named above. Allianz is so coverage / policies requested by me / us that affect my / our regular insurance effect until Allianz receives written notification from me / us of its termination in z and the financial institution to act on it.

- You will be notified by mail before deductions begin.

- Automatic payments will be made on your current due date.

AUTHORIZED SIGNATURE(S) OF BANK ACCOUNT HOLDER(S)

Signature Signature

ANY QUESTIONS? CALL CUSTOMER SERVICE: 1-800-882-6919

