



Lighthouse Casualty Company
 4245 N. Knox, Chicago, IL 60641
 Phone (855) 235-1522 Fax (773) 458-1011
 www.lighthousecasualty.com

Policy Number	Policy Period	Bill Method/Pay Plan	Producer Code

Insured Name and Address	Contact Information

PLEASE PRINT AND FILL OUT. INSURED SIGNATURE IS REQUIRED.
 Please return this completed form to the Lighthouse Underwriting Department.
 Fax: (773) 458-1011 or underwriting@lighthousecasualty.com
 Thank you for signing up for RECURRING EFT PAYMENTS

I authorize Lighthouse Casualty Company and its corporate and company affiliates ("Company") to initiate scheduled deductions from the bank account or credit card, identified below, for payment of premium on the insurance policy issued to me by the Company, and any renewals thereof, and to initiate credit entries to the account to correct any erroneous deductions. I (we) authorize the financial institution identified by the routing number below to accept and post entries to the account. I represent that I am the owner and/or an authorized signer of the account. This authorization will remain in effect until Lighthouse Insurance Co has received written notification from me and has had a reasonable opportunity to act upon it.

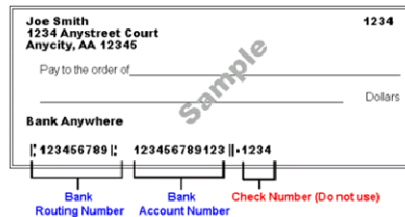
My policy may cancel or expire if there are insufficient funds in the account and I will be responsible for any NSF fee, late fee, or cancellation fee that may be applied. If a balance is due after the expiration or cancellation date, I may be billed or notified of a future electronic deduction. If appropriate replacement funds are made for insufficient funds resulting in a reinstatement, the automatic deductions will resume (not applicable if account is closed, frozen, unauthorized or invalid). By any circumstances I need to stop my automatic withdrawal, I will notify Lighthouse within 3 business days before my account gets debited. This authorization allows the Company to adjust the scheduled deductions to reflect any premium changes and the Company agrees to notify me with a revised invoice at least ten (10) days prior to making any deduction that will be more than the previous deduction.

EFT PAY PLAN

Bank Routing Number _____

Account Number _____

Checking Savings



CREDIT CARD PAY PLAN

Check Type of Credit Card: Visa MasterCard Discover American Express

Credit Card # _____ Expiration Date _____ Card ID# (last 3 digits located on back of the card) _____

I understand that once I agree to the terms and conditions of Lighthouse Automatic Reoccurring Withdrawal Plan that my payments will be debited on the _____ of each month, and under no circumstances can I change the withdrawal date.

Signature _____

Date _____