## ICW Group offers you convenient payment options!

You have access to our payment services 24 hours a day / 7 days a week. And, you can use your MasterCard, Visa, American Express, or checking account.

## Enjoy our free "Pay Online!" service at www.icwgroup.com

Reduce worries - set up automatic recurring payments to ensure payments are always on time. You can also make fast, one-time payments.

## Learn more at www.icwgroup.com/payments

See all easy ways to make a payment at our website: online, mail, fax, electronic funds transfer (EFT).

## Not able to go online to pay? Use this convenient form!

You can quickly sign up for easy payments - just complete, then fax or mail this form. You can also change your current EFT account information. Be sure to include payment for any current bills due.

Policy Number: Name on Policy:	(Example: WSD 1234567 01)	SAMPLE CHECK Pry to the Order of 5
Name on Checking Ac	ecount:	Build Name Approxis, UAA 90000 1:1234567891: 12345678901  1234
Reason for submitting	g form: O I wish to set up a new REFT account. O I need to change my current REFT account. O Please cancel my REFT account.	Routing # Account # Chec
Routing #:		
Account #:		

By signing, I agree to these terms: 1. Allow up to 20 days for set-up, changes, or termination of electronic payment withdrawal to ensure time before your next withdrawal. 2. ICW Group is authorized to initiate scheduled deductions from the bank account identified on this form for payment of premium on the insurance policy issued to me and any renewals thereof and the financial institution identified by the routing number on this form to accept and post entries to the account. 3. I represent that I am the owner and/or an authorized signer of the account. 4. This authorization allows ICW Group to adjust the scheduled deductions to reflect any premium changes to my policy. ICW Group agrees that it shall notify me in writing 7-10 days prior to making any deduction if there is a premium or due date change. Although payment will typically be withdrawn on the EFT Withdrawal Schedule dates, allow several days for processing of the withdrawals from your account. 5. ICW Group will not send me a bill before scheduled deductions are made and it is my responsibility to ensure sufficient funds are in the account at the time of each scheduled deduction. My policy may cancel or expire if there are insufficient funds in the account, which could cancel this agreement and remove my policy from electronic payment withdrawal. 6. This authorization is to remain in full force and effect until ICW Group receives a written request from me to cancel my electronic payment withdrawal or until ICW Group elects to cancel this agreement.

Signature:	Data
Signature	Date:

FAX: 858.350.2802 MAIL: ICW Group, PO Box 509039, San Diego, CA 92150-9039 858.350.2400