



MIEC
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Oakland, CA 94618-1324

800.227.4527 **toll free**
510.654.4634 **fax**

miec.com

Autopay Authorization Form

AUTOPAY AUTHORIZATION

COMPLETE SECTIONS 1-4

1. INSURED INFORMATION

First Name _____ MI _____ Last Name _____ Policy Number _____
Coverage Effective Date (DD/MM/YYYY) _____ Email Address _____

2. PAYMENT PLAN

- Annual (full policy dues)
- Semi-Annual (60% of policy dues; 40% of policy dues in 6 months)
- Quarterly (25% of policy dues every 3 months)
- Ten Installments (10% of policy dues in 10 monthly installments)

Please note: The first payment for the policy is due on Policy Coverage Effective Date (or) 14 days from the date of binding the policy, whichever is later. If we have your email on record, you will get a reminder 5 days before the recurring payment will be charged to your account.

At any time if you want to change the payment arrangement, please call 800.227.4527 or email service@miec.com.

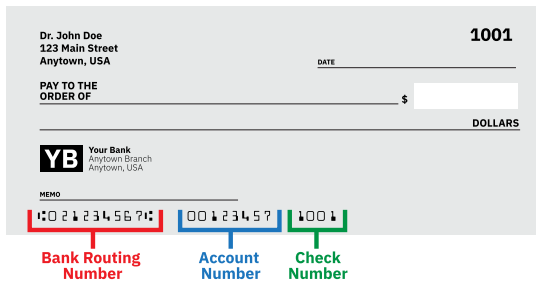
3. BANK INFORMATION

OR

CREDIT CARD INFORMATION

Bank Name _____
Branch _____
Bank Routing Number _____
Account Number _____

Credit Card Number _____
Expiration Date (MM/YY) _____ Code on Card _____
Name on Card _____
Billing Address _____
City _____ State _____ Zip _____
Telephone Number _____



4. AUTHORIZATION & SIGNATURE

I am the account holder or authorized group representative and I authorize MIEC to automatically initiate entries to my financial account listed above in this authorization, for payments to my MIEC account at the stated times above. I further authorize the Financial Institution to accept these debit entries as valid debit activities under my account. Proof of the payment will appear on my financial account statement as one charge to MIEC. My authorization will remain in effect for the length of time stated above or until I cancel it online and give MIEC a reasonable opportunity to act. The Recurring Payment will be initiated and a payment made either after an invoice is rendered, or on a date selected during setup. In the event that no invoice is rendered or the date you select is prior to the posting of an invoice (except for a fixed amount, which doesn't need a new invoice rendered), then the Recurring Payment will not be made. We are not responsible for a Recurring Payment where no invoice is in the system against which a Recurring Payment can be processed.

Print Name _____
Signature _____ Date _____