

Your Electronic Payments Authorization Agreement is inside...

It's a safe, efficient way to transact business, and so easy to do!



Eliminate your calculators, pens, and paperwork hassles...end worries about lost checks and missed payments!

**Switch to
Check Saver from Unigard!**

Unigard receives nearly 200 requests to switch each month...here are what some of our customers have to say when we asked them:

"I'm not into this computer stuff, so I wasn't sure if this was for me, but I tried it, and it's great. Like clockwork, my insurance is paid for every month. There haven't been any surprises or mispayments."

"My husband and I are so busy, and since we travel a lot it was hard to set a regular time to pay our bills. So the Check Saver plan was a relief! At least we don't have to worry about our insurance being cancelled now, just because we were out of town."

"I wish ALL my bills were this easy to take care of!"

Unigard Insurance Group
Corporate Headquarters:
Bellevue, Washington

If you are on a monthly pay plan with Unigard, or would like to be, here is some important information that will save you time and frustration.

Switch to the Unigard Check Saver Pay Plan and have your payments automatically deducted from your bank account. It's safe, confidential, and easy!

Put an end to your paperwork hassles!

- You can arrange to have your payment automatically deducted from your bank account each month. Once you have paid the initial down payment, your monthly deduction will be the unpaid premium balance divided by the remaining installments. Approximately 10 days prior to the first deduction, Unigard will send you a notice to confirm the amount and date of the automatic withdrawal.
- **Important:** be sure to pay any billing notices you might receive prior to receiving this confirmation.
- Your payment will be deducted every month on the day of the month specified on the confirmation notice. You will receive no additional notices from us unless your monthly payment amount changes because of changes made to your policy.
- To sign up for the Unigard Check Saver Plan, please fill out and sign the Authorization Agreement on the right, and return it with your next remittance for the monthly amount due. **Please be sure your check is drawn on the account from which you want**

future deductions made. If you prefer to have the deductions made from a different account than your check is drawn from, please send a voided check from the designated account.

Keep this copy of the Unigard Check Saver Pay Plan Authorization Agreement for your records.

I authorize Unigard to initiate monthly deductions (withdrawals) from my checking account as payment on my Unigard insurance policy(ies) become due. I authorize the financial institution on which my enclosed check is drawn to accept the deductions initiated by Unigard. I have indicated below the type of monthly plan I have with Unigard which determines the day of the month the withdrawal will be made. This authorization is subject to the following conditions:

Unigard will notify me in writing of the amount of the first deduction and will notify me whenever the amount changes.

I have the right to recover the amount of any erroneous Unigard deduction, either through a credit to my account or through direct reimbursement.

I have the right to terminate this authorization at any time by notifying Unigard in writing at least 20 days prior to the next draw date..

To contact us, write: Unigard Direct Bill
Administrative Service Center
P.O. Box 93000
Bellevue, WA 98009-3000

Telephone (800) 456-1626 x2140
Fax (425)562-5240

[↗ Detach Here ↖](#)

The Unigard Check Saver Pay Plan Authorization Agreement - (Return with your payment.)

I authorize Unigard to initiate monthly deductions (withdrawals) from my checking account as payment on my Unigard insurance policy(ies) become due. I authorize the financial institution on which my enclosed check is drawn to accept the deductions initiated by Unigard. I have indicated below the type of monthly plan I have with Unigard which determines the day of the month the withdrawal will be made. This authorization is subject to the following conditions:

Unigard will notify me in writing of the amount of the first deduction and will notify me whenever the amount changes.

I have the right to recover the amount of any erroneous Unigard deduction, either through a credit to my account or through direct reimbursement.

I have the right to terminate this authorization at any time by notifying Unigard in writing.

() I would prefer to have my payment drawn from my bank on _____ day each month.

Signed _____ Date _____

Policy and/or account number(s): _____

Please be sure your check is drawn on the account from which you want future deductions made.