

 Fax to: 1-800-630-9250

 Scan and email to: opepfs@nfcfinance.com

 Questions? Call Toll Free: 1-800-600-9250

Account Number: _____

When you enroll in NCMIC Finance Corporation's hassle-free AutoPay service, payments will automatically be debited from your checking account or charged to your credit card each month on your payment due date.

It's easy to sign up. Just complete this AutoPay Form and return it to your agent or NCMIC Finance Corporation representative.

1 Insured Information

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____

Email Address: _____

2 Which account would you like to use?

Checking Account

Bank Routing Number  _____
Your transit routing number appears at the bottom of your checks between the markings indicated above.

Account Number: _____

Account Name: _____

Credit Card Account (Visa or MasterCard)

Name: _____
As it appears on card

Credit Card No.: _____ Exp. Date _____ / _____
Month Year

Security Code: _____

**Activate
NCMIC
AUTOPAY
today!**

- **Quick**
- **Easy**
- **Convenient**

3 Please read, sign and date

I authorize NCMIC Finance Corporation to initiate entries to debit my checking account or charge my credit card account as described above to make payments on financed insurance premium contracts. This authority is to remain in full force and effect until NCMIC Finance Corporation has received written notification that I no longer want payments debited from my checking account or charged to my credit card, or until my premium finance contract is paid in full. The automatic payment will be deducted from my account on my payment due date. If my due date falls on a weekend or holiday, I understand the payment will be deducted on the next business day. If my financial institution, for any reason, does not honor my authorized withdrawal request, I understand it will be treated as a returned check, and a fee will be assessed as allowed by state law.

Signature: **X** _____ Date: _____