

Automatic Payment Plan Authorization Form

Value Insurance Agency Inc. is pleased to offer an Automatic Payment Plan to simplify the payment of your Premium Finance Agreement. With the Automatic Payment Plan, your payment is automatically deducted from your savings or checking account on your due date.

I hereby authorize Value Insurance Agency Inc., hereafter referred to as "VALUE," to initiate debit entries to my account indicated below at the depository financial institution named below, hereinafter called the Depository, and to debit the same to such account. I acknowledge that the origination of Automated Clearinghouse (ACH) transactions to my account must comply with the provisions of U.S. law.

Depository Name/Branch: _____

Depository Address: _____

Depository Telephone Number: _____

**Please include a voided check for checking account withdrawals
OR
A savings withdrawal ticket for savings account withdrawals.**

Debit entries from my account (Select only one) Savings Checking

Routing Number: _____ Account Number: _____

This authorization will remain in full force and effect until I notify VALUE to cancel my automatic payment, a minimum of three (3) business days before the date of withdrawal, in writing via the address, phone, or fax number below. Automatic payment will continue until VALUE receives three (3) day notice, or VALUE decides to cancel the agreement.

Signature: _____ Date: _____

Full Name: _____

Telephone Number: _____

Please check that you've included:

- Automatic Payment Plan Authorization Form
- Voided Check or savings withdrawal slip

Mail all the items in the checklist to:
Value Insurance Agency Inc.
300 N. Washington St. #104
Alexandria, VA 22314
Fax: (703) 527-7207
Phone: (703) 351-7878