

AMCA Systems
101 Bradford Road, Suite 340, Wexford, PA, 15090
724-934-2270 x602

AMCA Systems offers a convenient system that automatically debits your payment each quarter from your checking or savings account. This service will:

- ✓ Eliminate writing a quarterly check
- ✓ Save postage and the cost of checks
- ✓ Prevent lost or delayed payments by mail
- ✓ Provide a record of your payment on your bank statement

To take advantage of this free service, simply complete the Automatic Payment (ACH) Authorization below and return it with an unsigned voided check to: ACH Authorization c/o AMCA Systems, 101 Bradford Road, Suite 340, Wexford, PA 15090.

Here's How ACH Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount due for each billing period. The charge will appear on your bank statement as an ACH charge. You agree that **no prior-notification will be provided unless the amount of your payment increases by more than \$25.00**, in which case you will receive notice from us at least 10 days prior to the payment being collected.

ACH Debits will be initiated the last business day of each quarter.

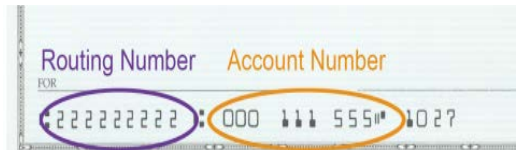
ACH Recurring Quarterly Payment Authorization

Please complete the information below:

I _____ (full name) authorize AMCA Systems, LLC to charge my bank account for my reoccurring insurance payment. If my required payment amount changes for any reason, this authorization will be automatically amended to authorize a charge equal to the new required payment amount.

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Account Type: Checking Savings
Name on Acct _____
Bank Name _____
Account Number _____
Bank Routing # _____



SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify AMCA Systems in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the prior business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that AMCA Systems may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$12.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I agree to be bound by the NACHA Operating Rules as a Receiver of these authorized debits to the account listed above. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

AMCA Use Only Logged _____ Group# _____ Member # _____ Date of 1st Deduction _____