

# AAA Auto Pay Plan Revocation Request

<b>MEMBERSHIP</b>		
		Please verify the last 4 digits of your Checking Account # _____
Please cancel my enrollment in the AAA Auto Pay Plan for:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">                     Club Code  <input type="text"/> <input type="text"/> <input type="text"/> -                 </div> <div style="text-align: center;">                     First 8 Digits of <i>Membership</i> Number  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div>	<div style="border-bottom: 1px solid black; width: 100%;"></div> <p style="text-align: center; margin-top: 5px;"><b>Member Name</b></p>
<b>INSURANCE</b>		
		Please verify the last 4 digits of your Checking or Credit/Debit Card Account # _____
Please cancel my enrollment in the AAA Auto Pay Plan for:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">                     Letter Prefix (up to 3)  <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="text-align: center;">                     9 Digit <i>Policy</i> Number  <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div>	<div style="border-bottom: 1px solid black; width: 100%;"></div> <p style="text-align: center; margin-top: 5px;"><b>Named Insured</b></p>
Please cancel my enrollment in the AAA Auto Pay Plan for:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> </div>	<div style="border-bottom: 1px solid black; width: 100%;"></div> <p style="text-align: center; margin-top: 5px;"><b>Named Insured</b></p>
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**COMPLETE AND RETURN**

To terminate enrollment in the AAA Auto Pay Plan as to one or more of your insurance policies and/or your AAA Hawaii, LLC ("AAA") membership, complete the entire form, as applicable, and sign your name. Please mail this request in the envelope provided, or return it to:

**AAA/Interinsurance Exchange of the Automobile Club**  
**P.O. Box 25006**  
**Santa Ana, CA 92799-5006**

**REMAINING INSTALLMENTS**

Automatic payments, as applicable, from your financial institution checking account(s) or credit/debit card account(s) will terminate after this request is received and processed. Installments remaining for the current insurance policy period will be billed on your regular payment plan with statements mailed to you and outstanding membership dues and fees will be billed with statements mailed to you periodically.

**RE-ENROLL**

You may apply to re-enroll in AAA Auto Pay at any time in the future by completing a new AAA Auto Pay Authorization Agreement. If you require any information about your account, please contact us at 1.808.593.2221 on Oahu or at 1.800.736.2886 on neighboring islands. We will be glad to assist you.

I (We) hereby authorize the *Interinsurance Exchange of the Automobile Club* and *AAA Hawaii, LLC ("AAA")*, as applicable, to discontinue automatic payments from my (our) financial institution checking account(s) or credit/debit card account(s) for the above insurance policy(ies) and/or AAA membership, as applicable.

NAME(S) OF ACCOUNT HOLDER(S)	DATE	SIGNATURE(S) OF ACCOUNT HOLDER(S)
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<b>FOR OFFICE USE</b>	
<b>AAA Employee #</b>	<b>Branch Office/Section #</b>

**DO SUBMIT THIS FORM IF:**

- Terminating AAA Auto Pay for **Insurance** from **Checking** (ACH) or **Credit/Debit Card** Account and Transferring to Manual Billing
- Terminating AAA Auto Pay for **Membership** from **Checking** Account (ACH) and Transferring to Manual Billing

**DO NOT SUBMIT THIS FORM IF:**

- Terminating AAA Auto Pay for **Membership** from **Credit/Debit Card** Account  
**Instead Of This Form, Do The Following (For Membership):** Change the bill plan from AC to AM and collect payment, if any
- Transferring AAA Auto Pay from **Checking** Account (ACH) to **Credit/Debit Card** Account  
**Instead Of This Form, Do The Following (For Membership):** Complete an Authorization Agreement for Credit/Debit and forward to Membership Processing or fax to the number on the agreement (cannot change bill code in branch or call center)  
**Instead Of This Form, Do The Following (For Insurance):** Complete an Authorization Agreement for Credit/Debit and fax to Corporate Cashiering at 714-850-8097
- Transferring AAA Auto Pay from **Credit/Debit Card** Account to **Checking** Account (ACH)  
**Instead Of This Form, Do The Following (For Membership):** Change bill plan from AC to AH and obtain a Checking Account ACH Authorization Agreement. Scan locally or forward to Membership Processing or fax to the number on the agreement.  
**Instead Of This Form, Do The Following (For Insurance):** Complete an Authorization Agreement for Checking Account and fax to Corporate Cashiering at 714-850-8097
- Transferring AAA Auto Pay from current **Checking** Account (ACH) to a different **Checking** Account (ACH)  
**Instead Of This Form, Do The Following (For Membership):** Complete a new Checking Account ACH Authorization Agreement and update the account number on the Payment screen, scan locally or forward to Corporate Cashiering or fax to the number on the agreement.  
**Instead Of This Form, Do The Following (For Insurance):** Complete an Authorization Agreement for Checking Account and fax to Corporate Cashiering at 714-850-8097
- Transferring AAA Auto Pay from **Credit/Debit Card** Account to a different **Credit/Debit Card** Account  
**Instead Of This Form, Do The Following (For Membership):** Complete a new Credit/Debit Authorization Agreement and update account number in the Payment screen. Scan locally or forward to Membership Processing or fax to the number on the agreement  
**Instead Of This Form, Do The Following (For Insurance):** Complete an Authorization Agreement for Credit/Debit and fax to Corporate Cashiering at 714-850-8097

If any of the "Do Submit" conditions apply, please click the 'GO' button to proceed.