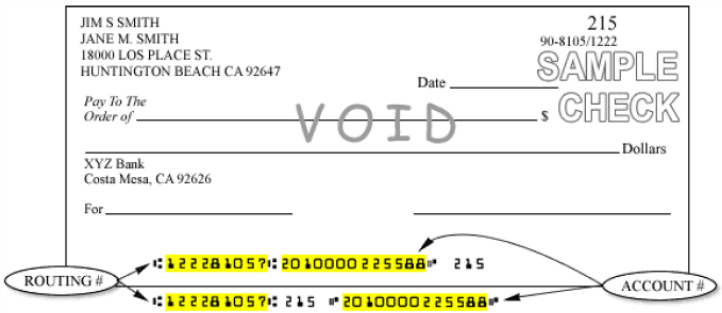
AAA Auto Pay Plan Terms and Conditions

PRINT

Would you like a fill-able form to complete for the Member/Insured
OR
Print a blank form for the Member/Insured?

FILL-ABLE

PRINT BLANK



Mail completed forms *with a voided check(optional)* in the envelope provided, or return to:

AAA East Central ("AAA")
P.O. Box 5386
Pittsburgh, PA 15206-0386

Important: This form cannot be faxed or electronically mailed to us.
We must have an original signature to complete this transaction.

Please keep a copy of this form for your records.

Please detach at line.

AUTHORIZATION AGREEMENT FOR MEMBERSHIP DIRECT PAYMENTS (ACH DEBITS) – AAA Auto Pay Plan

- To use AAA Auto Pay for your membership, enter your Club Code and Membership Number in the boxes below.

MEMBER # Club Code ☐☐☐ - First 8 Digits of Membership Number ☐☐☐☐☐☐☐☐

Member Name

I (we) hereby authorize AAA East Central *("AAA")*, to initiate debit and credit entries to my (our): **CHECKING ACCOUNT** indicated below at the financial institution named below ("*Institution")*, for all membership dues that become due by me (us) to *AAA* and all related Fees, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law and is governed by the Terms and Conditions that accompanied this Agreement.

INSTITUTION NAME

ROUTING # ☐☐☐☐☐☐☐☐☐ (Must be exactly 9 digits) **ACCOUNT #** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ (Up to 17 digits)

This authorization is to remain in full force and effect until terminated by *AAA* or until *AAA* has received written notification from me (or either of us) of its termination in such time and in such manner as to afford, *AAA* and *Institution*, a reasonable opportunity to act on it.

NAME(S) OF ACCOUNT HOLDER(S) **DATE** **SIGNATURE(S) OF ACCOUNT HOLDER(S)**

AAA Employee # (if applicable)