

# Pay the Easy Way with... **Unipay**

It's the convenient and safe way to pay your insurance premiums! Our Unipay option enables you to have your insurance premiums paid automatically, in up to 12\* equal monthly installments, from your bank or credit union account.

With Unipay, no large, lump-sum payment is required. And, you can avoid the problems associated with mailing payments, including:

- Mail delays
- Rising postal rates
- Late payments
- Late fees
- Service charges

To initiate the service, simply fill out the attached authorization agreement and submit a voided check (if your deductions are to be taken from that account)

to your Uica National independent insurance agent or, if you have a current UNIBILL account, mail the agreement back to us with your next insurance payment.

In order to update your banking records accordingly, you will be notified prior to the initial withdrawal, of the monthly withdrawal amount. Should this amount change for any reason, you will be notified approximately 15 days prior to any change that results in modification of your premium amount.

Should you have questions, please contact the independent agent near you who represents the companies of the Uica National Insurance Group or call us at 800-274-1914, ext. 2333.

\*Depending on the term of the policy.

<p>Pay to the Order of _____</p> <p>Bank _____</p> <p>Memo #0684700465 ; 8679 7862    3829</p>	<p style="text-align: right;">3829</p> <p style="text-align: right;">Date _____</p> <p style="text-align: right;">\$ _____</p> <p style="text-align: right;">DOLLARS</p>
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**Check Number**

**Account Number**

**Bank Routing Number**  
appears between these symbols

## Authorization For Uica National's Unipay Electronic Funds Transfer Program

I(we) authorize the Uica National Insurance Group, or its subsidiary or affiliated companies, to debit/credit the financial institution account(s) as listed below for payment of the policy premium as premium(s) become due. I(we) further authorize said financial institution to honor such debit/credit entries to my(our) account(s). I(we) agree that if a debit/credit is dishonored, the financial institution shall have no liability even if the dishonored debit/credit results in the forfeiture of insurance. I(we) agree that only written notification from me (the insured) to the financial institution and to the Uica National Insurance Group, or its subsidiary or affiliated companies, will cause this agreement to be terminated.

UNIBILL Account Number or Policy Number(s):

Insured Name: \_\_\_\_\_  
*(Please Print)*

Phone #: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Bank Routing # \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_

Checking Acct. # \_\_\_\_\_ || \_\_\_\_\_

Savings Acct. # \_\_\_\_\_

Share Acct. # \_\_\_\_\_

Day of Month for Withdrawal: \_\_\_\_\_

Signature \_\_\_\_\_  
*(Insured)* *(Date)*

RETURN THIS WITH YOUR CURRENT PAYMENT DUE.