ERIE FAMILY LIFE INSURANCE COMPANY
Member · Erie Insurance Group
Home Office · 100 Erie Insurance Place · Erie, PA 16530

AUTHORIZATION AGREEMENT FOR CHEK-MATIC PLAN
(Checking Account Only)

1. PRINT YOUR NAME(S) AS SHOWN ON YOUR ACCOUNT STATEMENT:

ACCOUNT HOLDER	DAYTIME PHONE:
JOINT-ACCOUNT HOLDER (if applicable)	DAYTIME PHONE:

2. PROVIDE YOUR SIGNATURE FOR AUTHORIZATION:

As a convenience to me, I hereby request and authorize you to debit my **checking account** maintained at the financial institution named below for payment to the Erie Family Life Insurance Company of premiums due on the Chek-Matic Plan.

IT IS AGREED THAT: This Plan shall continue in effect unless and until terminated by Erie Family Life Insurance Company or me by thirty (30) days written notice to the other party. In addition, Erie Family Life Insurance Company may terminate the Plan immediately if any debit is not honored.

ACCOUNT HOLDER'S SIGNATURE (As shown on your account statement)	DATE:
JOINT-ACCOUNT HOLDER'S SIGNATURE (if applicable as shown on your account statement)	DATE:

3. PROVIDE INFORMATION NEEDED FOR PROCESSING:

To ensure the correct account number is used for this electronic payment and to obtain the ABA/routing number, please contact your financial institution for assistance.

NAME OF FINANCIAL INSTITUTION: _____

ABA/ROUTING NUMBER: _ _ _ _ _ _ _ _ _	CHECKING ACCOUNT NUMBER:

4. PRINT THE POLICY NUMBER AND INSURED'S NAME FOR POLICIES TO BE PAID IN THIS ELECTRONIC PAYMENT:

POLICY NUMBER	NAME OF INSURED(S)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This form cannot be processed without your signature, a voided check, two (2) monthly premium payments for new policies listed and/or one (1) monthly premium for existing policies.