

## MONTHLY ELECTRONIC FUNDS TRANSFER (EFT) PAYMENT PLAN

To enroll in ExpressIT, our monthly EFT payment plan, please complete, sign, and return this form to MetLife Auto & Home.

PLEASE PRINT POLICYHOLDER(S) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: DAY \_\_\_\_\_ EVENING \_\_\_\_\_

## FOR GRANDPROTECT® AND COMBO POLICY PACKAGES ONLY:

ACCOUNT NUMBER\*: \_\_\_\_\_ ☐ Check the box if you are requesting to include your mortgagee-billed policy(ies) on the ExpressIT plan.

## FOR ALL OTHER POLICIES:

POLICY NUMBER\* AND POLICY TYPE(S)\*: \_\_\_\_\_  
(example 123456790, Auto; 1234567890, Home) \_\_\_\_\_  
\_\_\_\_\_

\*Located on your Billing Statement or in your policy package. If the policy type is not indicated, all lines of business will be transferred to ExpressIT, excluding any mortgagee-billed policies.

**If you have included your mortgagee-billed policy(ies), you agree that you authorize us to transfer your mortgagee-billed policy(ies) to ExpressIT. Additionally, you understand that you may need to contact your mortgagee to stop escrowing funds for your property insurance, unless your mortgage is paid in full.**

OWNER(S) OF CHECKING ACCOUNT: \_\_\_\_\_

Your bank may require that the name listed above match the policyholder name on this form.  
If the names do not match, the bank may not honor MetLife Auto & Home's request for payment.

BANK NAME: \_\_\_\_\_

BANK ROUTING NUMBER: \_\_\_\_\_ CHECKING ACCOUNT NUMBER: \_\_\_\_\_

SELECT A WITHDRAWAL DATE: ☐ 1st ☐ 8th ☐ 15th ☐ 22nd

## AUTHORIZATION AGREEMENT

I, on behalf of all owners of this account, authorize MetLife Auto & Home to initiate electronic deductions from the checking account designated above or any checking account I may replace it with. I understand that this agreement will remain in effect for future policy terms and any future policy I may add unless I notify MetLife Auto & Home to stop the deductions or the policy is cancelled. I understand that if my cancelled policy(ies) is reinstated or reissued, my original authorization remains valid. I understand that I must notify MetLife Auto & Home 25 days in advance to stop the deductions or to change checking account information. Notice may be written or verbal. I understand that MetLife Auto & Home will notify me in advance of any changes to my deduction amounts of more than \$1. I understand that my financial institution or MetLife Auto & Home may cancel my enrollment in this program at any time.

SIGNATURE OF CHECKING ACCOUNT OWNER(S): \_\_\_\_\_

RETURN THIS FORM BY FAX: 1-866-743-4891

OR MAIL: METLIFE AUTO & HOME  
P.O. BOX 48020  
DAYTON, OHIO 45475-0020