



Automatic Account Draft Instruction

Policy or Registration No: _____ **Customer Name:** _____

I authorize PetPartners, Inc. to charge my banking account listed below for all recurring charges related to my pet's insurance policy.

Please attach a blank VOID check.

Customer's Name (as it appears on Bank account)

Bank Name

City, State, Zip Code

Routing/ABA # Checking Savings Business Checking

Account #

Customer Name (printed)

Customer Signature

Date

As a duly authorized signer on the financial institution account identified, I understand this payment authorization for recurring charges is valid and in effect unless I notify PetPartners, Inc. of cancellation of this authorization by sending written notice to:

PO Box 37940, Raleigh, NC 27627-7940
 Fax (919) 859-8193 Email info@petpartners.com

Furthermore, if any such electronic debit(s) should be returned by my financial institution, I authorize PetPartners, Inc., to collect a returned item fee of \$20.00 per item, as applicable by state law. If Stop Payment is made on any debit(s), PetPartners, Inc. is authorized to collect a Stop Payment fee of \$40.00 per item, as applicable by state law.

Check Example:

John Doe 123 Any Street New York, NY 10001	Financial Institution 510 Money St. New York, NY 10001	1000
Pay to the Order of _____	Date _____	\$ <input type="text"/>
Memo _____		Dollars

The Account number is usually to the right of the Routing number. Some Financial Institutions add the check number between the Routing and Account numbers or at the end of the account number. We do not need the check number.

Routing Number

Account Number