

# TRUCK WRITERS, INC. / DIRECT PAYMENT PLAN



**Insurance. It's a Good Thing.**

[www.truckwriters.com](http://www.truckwriters.com)

We are pleased to offer you the Direct Payment Plan. Now you can have your payment made automatically from your checking or saving account. This service is of no charge to you and you don't have to change banks.

## **The Direct Payment Plan will help you in several ways:**

- It saves time – fewer checks to write
- Helps meet your commitment in a convenient and timely manner – even on the road
- No lost or misplaced invoices – your payment is always on time
- It saves postage
- It's easy to sign up for and easy to cancel
- Coverage remains in force

## **Here's how the Direct Payment Plan works:**

You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax; your payments will be made automatically on the specified day. Your invoice will be mailed to you at least 10 days before your payment due date.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. A \$25 NSF fee will be assessed for insufficient funds. If funds are still unavailable on the second payment attempt the Direct Payment Plan will be terminated and insurance coverage will be cancelled.

The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service complete the attached authorization form and send to Truck Writers with a voided check.

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## RETAIN FOR YOUR RECORDS

On \_\_\_\_\_ I authorized  
(DATE)

Truck Writers, Inc., 8970 West 35W Service Drive, Suite 200, Blaine, MN 55449 – (763) 785-0500 to initiate electronic entries to my checking/savings account and have agreed to the terms on the authorization. I may revoke my authorization with Truck Writers at any time by writing to address above.

### AUTHORIZATION FOR DIRECT PAYMENT

I authorize Truck Writers, Inc. and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

(NAME OF FINANCIAL INSTITUTION)			(BRANCH)		
(CITY)		(STATE)		(ZIP CODE)	
(SIGNATURE)			(DATE)		
(NAME – PLEASE PRINT)					
(ADDRESS – PLEASE PRINT)					
Account No.		Checking		or Savings	
Financial Institution Routing Number:					
(between these symbols   :   : on bottom left of your check					