

RECURRING PAYMENTS AUTHORIZATION-BANK ACCOUNT

The undersigned insured authorizes National Interstate Insurance Company (or its affiliates) to debit my bank account for the future installment and renewal payments due on my policy.

The following conditions apply to the recurring payments program:

1. If any payment is refused by a bank you are no longer eligible for the recurring payments program.
2. All future installment payments will be processed via recurring payments unless you notify the company in writing.
3. All normal installment fees will apply.
4. An information only invoice will be sent for all installments due. The invoice will indicate the due date and the amount to be withdrawn from the bank account.
5. You will receive a renewal offer letter for future renewal policies. The down payment for the renewal policy will be processed via recurring payments according to the payment plan for the expiring policy unless you notify the company prior to the renewal effective date.
6. This signed form replaces any previously sign recurring payments authorization.

I authorize National Interstate Insurance Company to debit my bank account identified by account number and routing number shown below. I understand that my policy will be subject to cancellation if the debit transaction is refused by my bank. I understand that I will not be eligible for recurring payment processing in the future if any debit is refused. I understand that I might be subject to late payment and/or NSF fees if any attempted debit is refused. I understand that any additional policies issued with the same customer number will be subject to this agreement.

Routing Number: _____ Account Number: _____

Type of Check: Personal Business

Named Insured: _____ Customer Number: _____

Signature for named insured: _____ Date: _____

Any requested changes to this authorization must be made in writing to:

**National Interstate Insurance Company
Attention: Personal Lines Customer Service Department
3250 Interstate Drive
Richfield, OH 44286**