

I (we) hereby authorize Metropolitan Property and Casualty Insurance Company to initiate a debit entry to my (our) checking account identified below from the financial institution named below to pay the premium on the policy(ies) identified below. I (we) acknowledge that the origination of an EFT transaction to my (our) account must comply with the provisions of U.S. law.

Customer Name (Print)

Customer Signature

Date

Policy Number

- | | | |
|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> AUTOMOBILE | <input type="checkbox"/> FIRE | <input type="checkbox"/> PAK II |
| <input type="checkbox"/> HOMEOWNERS | <input type="checkbox"/> BOATOWNERS | <input type="checkbox"/> COMBO |
| <input type="checkbox"/> LANDLORD'S | <input type="checkbox"/> PERSONAL EXCESS LIABILITY | <input type="checkbox"/> OTHER _____ |

Bank Routing Number

Account Number

Please fax or submit the completed form to us at the following address:

METLIFE AUTO & HOME
ATTENTION: RECORD RETENTION UNIT
P.O. BOX 48020
DAYTON, OHIO 45475-0020

FAX: 1-866-814-9784