CASUALTY UNDERWRITERS INSURANCE COMPANY
Salt Lake City, Utah

Administrative Offices: P.O. Box 9510, Wichita, Kansas
• Phone (316) 794-2200 • FAX (316) 794-8470 • E-mail: iai@iai-online.com

For payment of my Private Passenger automobile Insurance Policy #_____
I hereby authorize and direct Casualty Underwriters Insurance Company to automatically bill my:

☐ Credit Card

☐ Visa ☐ Master Card

Card Number:_____

Expires_____ Security Code_____ (on the back of the card)

_____
Name as it appears on the credit card

_____
Billing Address city state zip

☐ Checking Account

You must pay the first month's premium on the account you wish to have drafted.

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ATTACH A COPY OF A VOIDED CHECK HERE

WITHOUT ACCURATE BANK INFORMATION,
PREMIUMS WILL NOT BE PAID AND POLICY WILL LAPSE.

Name as it appears on account:_____

Your telephone Number(s): Home (____)_____ Work (____)_____

Cell (____)_____ Preferred Phone: ☐ Home ☐ Work ☐ Cell

Account Number:_____ Routing Number:_____

Name of Bank_____

If the automatic withdrawal from your account is not honored, your policy will cancel as of the date and time on the billing statement / Notice of cancellation sent for the policy period for which we are attempting to withdraw funds. If the funds are not available to us, we will not be liable under the policy for any claims or damages after the date and time indicated on the above mentioned statement. We will reserve the right at our sole discretion to reinstate the policy with another form of payment.

_____ _____
Signature of Insured Date

_____ _____
Signature of Account Holder Date