

AAA Auto Pay Plan Revocation Request

MEMBERSHIP	
	Please verify the last 4 digits of your Checking Account #
Please cancel my enrollment in the AAA Auto Pay Plan for:	Club Code First 8 Digits of Membership Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Member Name	
INSURANCE	
	Please verify the last 4 digits of your Checking or Debit Card Account #
Please cancel my enrollment in the AAA Auto Pay Plan for:	Letter Prefix (up to 3) 9 Digit Policy Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Please cancel my enrollment in the AAA Auto Pay Plan for:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Please cancel my enrollment in the AAA Auto Pay Plan for:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Named Insured	
Named Insured	
Named Insured	

COMPLETE AND RETURN

To terminate enrollment in the AAA Auto Pay Plan as to one or more of your insurance policies and/or your Automobile Club of Southern California ("AAA") membership, complete the entire form, as applicable, and sign your name. Please mail this request in the envelope provided, or return it to:

AAA/Interinsurance Exchange of the Automobile Club
P.O. Box 25006
Santa Ana, CA 92799-5006

REMAINING INSTALLMENTS

Automatic payments, as applicable, from your financial institution checking account(s) or credit/debit card account(s) will terminate after this request is received and processed. Installments remaining for the current insurance policy period will be billed on your regular payment plan with statements mailed to you and outstanding membership dues and fees will be billed with statements mailed to you periodically.

RE-ENROLL

You may apply to re-enroll in AAA Auto Pay at any time in the future by completing a new AAA Auto Pay Authorization Agreement. If you require any information about your account, please contact us at 1.800.924.6141. We will be glad to assist you.

I (We) hereby authorize the *Interinsurance Exchange of the Automobile Club* and the *Automobile Club of Southern California ("AAA")*, as applicable, to discontinue automatic payments from my (our) financial institution checking account(s) or credit/debit card account(s) for the above insurance policy(ies) and/or AAA membership, as applicable.

NAME(S) OF ACCOUNT HOLDER(S)	DATE	SIGNATURE(S) OF ACCOUNT HOLDER(S)
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FOR OFFICE USE	
AAA Employee #	Branch Office/Section #

DO SUBMIT THIS FORM IF:

- Terminating AAA Auto Pay for **Insurance** from **Checking** (ACH) or **Debit Card** Account and Transferring to Manual Billing
- Terminating AAA Auto Pay for **Membership** from **Checking** Account (ACH) and Transferring to Manual Billing

DO NOT SUBMIT THIS FORM IF:

- Terminating AAA Auto Pay for **Membership** from **Credit/Debit Card** Account
Instead Of This Form, Do The Following (For Membership): Change the bill plan from AC to AM and collect payment, if any
- Transferring AAA Auto Pay from **Checking** Account (ACH) to **Credit/Debit Card** Account
Instead Of This Form, Do The Following (For Membership): Complete an Authorization Agreement for Credit/Debit and forward to Membership Processing or fax to the number on the agreement (cannot change bill code in branch or call center)
Instead Of This Form, Do The Following (For Insurance): Complete an Authorization Agreement for Debit and fax to Corporate Cashiering at 714-850-8097
- Transferring AAA Auto Pay from **Credit/Debit Card** Account to **Checking** Account (ACH)
Instead Of This Form, Do The Following (For Membership): Change bill plan from AC to AH and obtain a Checking Account ACH Authorization Agreement. Scan locally or forward to Membership Processing or fax to the number on the agreement.
Instead Of This Form, Do The Following (For Insurance): Complete an Authorization Agreement for Checking Account and fax to Corporate Cashiering at 714-850-8097
- Transferring AAA Auto Pay from current **Checking** Account (ACH) to a different **Checking** Account (ACH)
Instead Of This Form, Do The Following (For Membership): Complete a new Checking Account ACH Authorization Agreement and update the account number on the Payment screen, scan locally or forward to Corporate Cashiering or fax to the number on the agreement.
Instead Of This Form, Do The Following (For Insurance): Complete an Authorization Agreement for Checking Account and fax to Corporate Cashiering at 714-850-8097
- Transferring AAA Auto Pay from **Credit/Debit Card** Account to a different **Credit/Debit Card** Account
Instead Of This Form, Do The Following (For Membership): Complete a new Credit/Debit Authorization Agreement and update account number in the Payment screen. Scan locally or forward to Membership Processing or fax to the number on the agreement
Instead Of This Form, Do The Following (For Insurance): Complete an Authorization Agreement for Debit and fax to Corporate Cashiering at 714-850-8097

If any of the "Do Submit" conditions apply, please click the 'GO' button to proceed.