

# AAA Auto Pay Plan Revocation Request

Please verify the  
last 4 digits  
of your Checking or  
Credit/Debit Card Account #

	Letter Prefix (up to 3)	9 Digit <i>Policy</i> Number	
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"/> <input type="text"/>	<b>Named Insured</b>
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"/> <input type="text"/>	<b>Named Insured</b>
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**COMPLETE AND RETURN**

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

**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.

**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* to discontinue automatic payments from my (our) financial institution checking account(s) or credit/debit card account(s) for the above insurance policy(ies), as applicable.

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

**DO SUBMIT THIS FORM IF:**

- Terminating AAA Auto Pay for **Insurance** from **Checking** (ACH) or **Credit/Debit Card** Account and Transferring to Manual Billing
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**DO NOT SUBMIT THIS FORM IF:**

- Transferring AAA Auto Pay from **Checking** Account (ACH) to **Credit/Debit Card** Account  
***Instead Of This Form, Do The Following:*** Complete an Authorization Agreement for Credit/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:*** 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:*** 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 :*** Complete an Authorization Agreement for Credit/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.**