

**AAA Auto Pay Plan for Insurance and Membership
Credit or Debit Cards Terms and Conditions**

The Authorization Agreement at the bottom of this page is valid only for insurance policies written by the issuer of the insurance policies identified below ("Insurer") and for your membership with the AAA club that issued the membership identified below in the Authorization Agreement ("AAA").*

Insurance only: Automatic charges to your credit/debit card for insurance policies will begin with the first AAA Auto Pay Plan payment billed after the Authorization Agreement is received and processed (Please allow 15 days for processing). Until then, your insurance payment is still due on the date shown on your most recent billing statement and should be returned to us in the white envelope provided. Once AAA Auto Pay is active, your periodic billing statements will indicate the amount and timing of the next payment prior to your card being charged for that payment. We gave you notice of the amount of all applicable fees at the time you applied for the insurance policy(ies) below and upon renewals of your policy(ies). Installment payment plans and all fees are subject to change without notice. **AAA Auto Pay automatic payments are subject to all applicable installment and other fees.**

Membership only: At least one month before your AAA membership expires, we'll send a statement of your current services and renewal dues amount. We will automatically renew your membership and charge the dues shown on your credit or debit card 10-15 days before the renewal date, unless you contact us to make a change to or cancel AAA Auto Pay.

Policyholders and members who have payments returned unpaid or otherwise rejected from their financial institution may have the AAA Auto Pay Plan authorization revoked as to all insurance policies by Insurer and as to AAA membership by AAA. In the event that this occurs, you will be notified by mail and a return payment fee and late fee may be added to your bill (or to a second attempted debit to your account). If insurance AAA Auto Pay is revoked, 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.

If an error is made, you give the Insurer and AAA permission to correct it by initiating debits or credits to your credit/debit card on file.

You may revoke enrollment in the AAA Auto Pay Plan as to any one or more insurance policies and/or your membership at any time by contacting us at 1.800.924.6141 or your local AAA branch.

If your VISA, MasterCard, or Discover credit or debit card issuing bank participates in the Card Account Updater program, we may receive an updated credit or debit card account number and/or expiration date for the card information you have previously provided us, unless you Opt Out of the service with your issuing bank. We will update our files and use the new information when we bill you under the AAA Auto Pay program. We won't receive updated information if your account has been closed. Debit card available with VISA/Mastercard only.

* If you would like to make payments with more than one credit or debit card, you will need to complete one Authorization Agreement for each card. If you would like to enroll more than three insurance policies in AAA Auto Pay, please use one Authorization Agreement for every three policies.

**To have your insurance premiums or membership dues automatically charged to your credit or debit card each year,
Complete and mail the form below using the envelope provided or return to:**

**AAA
P.O. Box 25499
Santa Ana, CA 92799-5499** **OR** **Fax: 714.850.8097**

Important: We must have a signature to complete this transaction. Please do not return by e-mail.

Please keep a copy of this form for your records.



**AUTHORIZATION AGREEMENT FOR INSURANCE AND MEMBERSHIP CREDIT OR DEBIT CARD PAYMENTS
AAA Auto Pay Plan**

- ◆ To use AAA Auto Pay for your membership, enter your Club Code and Membership Number as it appears on your membership card in the boxes below.
- ◆ Please enter the number of each insurance policy you want billed through AAA Auto Pay.
- ◆ Unless the last 4 digits of your credit or debit card (previously provided to us) have already been filled in, please enter your complete account number and card expiration date below.

MEMBER #	Club Code <input type="text"/> <input type="text"/> <input type="text"/> - 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"/>	POLICY #	Letter Prefix (up to 3) <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"/>
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I hereby authorize the insurance company that issued the policies identified above ("Insurer") and AAA New Mexico, LLC ("AAA") to charge my **CREDIT or DEBIT CARD ACCOUNT** indicated below for (i) all amounts that become due by me to the Insurer, including, without limitation, insurance premiums on the above policies and any renewals thereof, finance charges, installment, return payment, late payment and other fees, and (ii) all membership dues that become due by me to AAA. All charges to my Credit or Debit account are governed by the Terms and Conditions that accompanied this Agreement.

<input type="checkbox"/> Visa® <input type="checkbox"/> MasterCard® <input type="checkbox"/> Discover® <input type="checkbox"/> American Express®	CARD # <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"/> <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"/>	EXPIRE DATE <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> M M Y Y
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This authorization is to remain in full force and effect until terminated by the Insurer or AAA or until the Insurer or AAA has received notification from me of its termination in such time and in such manner as to afford the Insurer or AAA, as applicable, a reasonable opportunity to act on it.

NAME OF ACCOUNT HOLDER	DATE	SIGNATURE OF ACCOUNT HOLDER
AAA Employee # (if applicable)	Branch/Sec #	Membership #
		Member Name