

KEMPER PREFERRED

AUTOMATIC PAYMENTS – ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

I (we) authorize each Kemper Preferred company named below to initiate deductions (withdrawals) from the account listed below as payments on personal lines insurance policies written through any of the Kemper Preferred companies.

This authorization is subject to the following conditions:

- This authorization shall remain in effect until Kemper Preferred receives written notice from me of my wish to discontinue these deductions or credits and Kemper Preferred has been given a reasonable amount of time to act in response to such request.
- I have the right to recover the amount of any erroneous Kemper Preferred insurance deduction, either through a credit to my account or through direct reimbursement.
- I understand that Kemper Preferred and my financial institution reserve the right, upon written notification to me, to terminate this payment option and/or my participation in the deduction program.
- I understand that if my withdrawal changes from my previous withdrawal by more than the agreed-upon amount of \$1, Kemper Preferred will send advance written notification to me; a new authorization form will not be needed.

For the purposes of this authorization, the Kemper Preferred companies are the following: Kemper Independence Insurance Company, Unitrin Auto and Home Insurance Company, Trinity Universal Insurance Company, Valley Property and Casualty Insurance Company, Unitrin Preferred Insurance Company, Unitrin Advantage Insurance Company, Unitrin Safeguard Insurance Company, and any other company whose policies Trinity Universal Insurance Company may reinsure or placed through our managing general agency, Kemper General Agency, Inc. I authorize the financial institution on which my enclosed check is drawn to accept deductions or credits as initiated by any Kemper Preferred company.

This authorization applies to the policy number shown below and all renewals or other replacements of this policy written through a Kemper Preferred company:

Policy Number: _____ Insured Name: _____

Check type of account: ___ Checking or ___ Savings (no passbook accounts)
 ___ Personal or ___ Business

Name as it appears on the bank account: _____

Bank Routing Number (9 digits) _____

Bank Account Number (include all zeros): _____ (Do not include check number)

Your withdrawal day will be the same day as your policy effective day unless a different day (1st – 28th) is entered here: _____.

Signature: _____ Date: _____

Daytime Phone Number: _____

For checking account deductions, attach a voided check from the account from which future deductions shall be made. For savings accounts, attach a deposit slip from the account from which future deductions shall be made. These documents are necessary for verification of your bank account and routing number.