

AUTHORIZATION FORM

Sign up today for Mercury's Automatic Payment program and your installment payments will be automatically withdrawn from your bank account or charged to your credit card. Simply complete the form below. Payments will be made depending on the payment plan and form of payment selected, and the account information provided.

Please com	Authoriz olete all inform	zation for Au ation request	tomatic Payment ed, and return with	ts h your in	itial payment.		
Insured Name	Michelle L. Gray						
Daytime Phone Number	469-363-943	33	Policy Number	ОКАР0	000046633		***************************************
Automatic Payment- Checking	g/Savings	**************************************					
Account Type	*1521.Checking	g □ Saviı	ngs	***			***
Account Number	36114	0387					CR.Diology
Bank Routing Number	10300					A STATE OF THE STA	
Financial Institution	BandFi						
Automatic Payment- Credit Ca	a rd (To use a det	oit card, sign up o	online at mercuryinsur	ance.com/	account)		Complete Company
Card Type	□ Visa	□ MasterCa	ard □ Discove	er L	l American Ex	press	· ·
Card Number							***************************************
Card Expiration Date (mm/yyyy)							
I authorize Mercury Insurance Se card on the day each installment is amount to be paid changes by mowriting at least three business day still occur if termination notification Mercury may update the card number signing below I certify that I an authorized user and the spouse o	is due, or the fore than \$1.00. Is prior to the resident is not received the received the received the received the holder of the holder of	ollowing busing. I may terming terming terming terming terming the second terminal thing terminal term	ness day. I unders ate this agreemer d payment. I unde time. For credit ca needed, without	stand tha nt at any erstand t ards, I al further a	at Mercury will time by notify that scheduled so understand authorization fr	notify me if the individual mercury of payments in and agree to the individual me.	the in nav
understand that a \$3.00 servi per payment applies for credit	cards (not ap			savings	, and a \$5.00) service fe	е
nsured's Signature:	If wh	, c.e.			Date: $\sqrt{2}$	10/21	