

Yes, I want to pay my MetLife Auto & Home premiums through automatic deductions from my checking account. I understand that MetLife Auto & Home will notify me in advance of any changes to the deduction amounts of more than \$1. I also understand that I must give MetLife Auto & Home 25 days' written notice to stop the deductions or to change checking account information. I also authorize MetLife Auto & Home to make such deductions on any future policy I may purchase, if I verbally give my consent. By completing the information below, I hereby authorize Metropolitan Property and Casualty Insurance Company and its Affiliates and the bank identified on this authorization to process the deductions authorized herein.

APPLICATION

1. Please check the policies you would like to place on your ExpressIT Payment Plan:

- All of my MetLife Auto & Home policies*
- Packaged Policy* (such as Combo, GrandProtect,SM or PAK II)
- Automobile
- Residential Property* (please check all policies that apply)
 - Home Renters Condominium Mobile Home Landlord's Fire
- Boat
- Personal Excess Liability (You may know this as "Umbrella.")
- Recreational Vehicle
- Motorcycle

2. Please list the policy number(s) you wish to include on your ExpressIT Payment Plan.

(Policy numbers can be found on the Declarations Page of your policy.)

Policy Number(s): _____

*** IMPORTANT NOTE:** Any policy currently being billed to a mortgage company (mortgagee), including those that are part of a packaged policy, will not be transferred to ExpressIT without your permission. To transfer from mortgagee billing to ExpressIT, please complete the following:

I would like to include the following mortgagee-billed policy on my ExpressIT Plan:

Policy Type (selected from the above list): _____

Policy Number: _____

I have taken the following action (please check one):

- I have asked my mortgage company to stop escrowing funds for my property insurance.
- I have taken no action - my mortgage is paid in full.

3. Your Bank's Name: _____

Your Bank's Branch Address: _____

Your Branch's Telephone Number: _____

4. Depositor Name on Checking Account: _____

Checking Account Number: _____

Routing/Transit Number: _____

5. Please debit my account on or about the: 1st of the month 8th 15th 22nd

6. Print Your Name(s) (as it appears on your checking account): _____

Your Signature(s) (as it appears on your checking account): _____

Date: _____

Home Telephone Number: _____

E-Mail Address: _____

Be sure to read and sign the agreement. You must include a VOIDED check from your checking account from which funds will be drawn. Send by fax or mail to:

If your policy is serviced by an Independent Agent:
FREEPORT SERVICE CENTER
ATTENTION: CORRESPONDENCE UNIT
P.O. BOX 441
FREEPORT, ILLINOIS 61032-0441
FAX: 1-888-540-9915

All others:
DAYTON SERVICE CENTER
ATTENTION: CORRESPONDENCE UNIT
P.O. BOX 48020
DAYTON, OHIO 45475-0020
FAX: 1-866-743-4891