



Chubb
202 Hall's Mill Road
Whitehouse Station, New Jersey 08889
Attn: AutoPay Department

This form authorizes Chubb Limited to make electronic payment withdrawals from your checking, money market or savings account. The Policyholder's bank or depository institution will need to be a member of the Automated Clearing House (ACH) Network in order to utilize AutoPay transactions. Brokerage Accounts cannot be used.

Please submit this completed AutoPay Authorization Form, an original voided check, and payment for any current premium installment to Chubb for processing. You will receive a letter from Chubb once the AutoPay authorization has been activated. Mail to: Chubb 202 Hall's Mill Road, Whitehouse Station, NJ 08889, Attn: AutoPay Department

I want to: Sign-up/Change AutoPay Service Cancel AutoPay Service

Policyholder Name(s):

Billing Account or Policy Number(s):

Email Address:

Please select a payment option:

Deduct the minimum amount due on the due date of the bill or Select a Deduction date (1st - 28th only) to pay the minimum amount due on the due date of the bill

Deduct the full amount due on the due date of the bill

Please note that all applicable billing charges and fees will apply as stated on each billing invoice. If you have selected a particular date each month to deduct payment, actual funds may be drawn on the day selected or within a few days after to keep the billing cycle current.

Name of Bank/Depository Institution:

Bank Account Holder Name(s):

Bank Routing/ABA Number (1st nine digits on bottom left of check):

Bank Account Number:

Bank Account Type: (Please Circle One): Personal Savings, Personal Checking, Commercial Checking, Money Market

*Form must be completed in its entirety. An incomplete form could result in a delay in processing your request.

DEDUCTION AUTHORIZATION AGREEMENT

I hereby request and authorize Chubb Limited as manager for the designated Writing Company (hereinafter "the Company") to initiate electronic or other commercially accepted-type debits against the indicated bank account at the bank named above for the payment of premiums and other indicated charges due on the policies listed and any renewals or replacement of the listed policies. I further authorize the Company to deposit credits/refunds, if any, into my account. I hereby agree to indemnify and hold the Company harmless from any loss, claim, or liability of any kind by reason or dishonor of any debit. I understand that the Company may cancel the listed insurance policies for nonpayment of premium as allowed by law. I agree that this Authorization is to remain in full force until revoked by me or the Company in writing and until the Company and the above named bank each have a reasonable opportunity to act on the revocation. This request must be dated and signed in ink by the person who is the Policyholder and/or Bank Account Holder as his/her name appears on bank records for the account listed on this Authorization. By signing this authorization, I acknowledge that I have read and agree to the conditions set forth in this agreement.

Authorized Signature

Date