

**Brotherhood Auto Aid**  
**PO Box 337**  
**Montezuma KS 67867**

Voice (620) 846-2287

baa@ucom.net

Fax (888) 977-8823

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**Monthly payments are available and EASY!**

Automatic Payment is the easy and convenient way to make a monthly BAA payment. By signing up for Automatic Payment, you will:

- Be able to take advantage of the monthly payment option
- Free yourself of check writing
- Stop worrying about checks being lost or delayed in the mail, late payments, or cancelled policies
- Have a record of payment on your bank statement
- Save postage and cost of checks
- Make payments even when you are on vacation or out of town
- More easily budget your expenses

**To enroll in the automatic payment program, just fill out the information below and mail this page with a voided check to the BAA address shown above.**

***YES!** Please put my installment payment on "Automatic".*

Name \_\_\_\_\_

BAA Policy Number \_\_\_\_\_ Routing Number \_\_\_\_\_

Account Type    -    Checking    -    Savings    Account Number \_\_\_\_\_

**PLEASE ATTACH A VOID CHECK FROM BANK ACCOUNT  
TO BE DEBITED FOR YOUR PAYMENT**

I authorize BAA to charge my monthly payment to my bank account number shown above. This also includes authorization to charge to my bank account any past due balance on my BAA account. I understand the funds will be withdrawn on the tenth day of each month and that it is my responsibility to ensure sufficient funds are in my account at that time.

I understand that if my total payment amount changes due to changes in my policy with BAA, I will receive notice from BAA and they will withdraw the new amount on the effective date of such change unless otherwise instructed by me.

This authority will remain in effect until I instruct BAA to cancel or change it. Future authorization must be in writing and must be received by BAA seven days prior to the first day of the effective month. I also understand that if my payment is returned for "Not Sufficient Funds", BAA may discontinue this service at their discretion. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law.

Signature \_\_\_\_\_ Date \_\_\_\_\_