

AAA Auto Pay Plan Revocation Request

MEMBERSHIP		
		Please verify the last 4 digits of your Checking Account #
Please cancel my enrollment in the AAA Auto Pay Plan for:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">Club Code <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div style="text-align: center;">First 8 Digits of Membership Number</div> </div>	
	Member Name	
INSURANCE		
		Please verify the last 4 digits of your Checking or Credit/Debit Card Account #
Please cancel my enrollment in the AAA Auto Pay Plan for:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">Letter Prefix (up to 3) <input type="text"/> <input type="text"/> <input type="text"/></div> <div style="text-align: center;">9 Digit Policy Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> </div>	
	Named Insured	
Please cancel my enrollment in the AAA Auto Pay Plan for:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">Letter Prefix (up to 3) <input type="text"/> <input type="text"/> <input type="text"/></div> <div style="text-align: center;">9 Digit Policy Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> </div>	
	Named Insured	
Please cancel my enrollment in the AAA Auto Pay Plan for:	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">Letter Prefix (up to 3) <input type="text"/> <input type="text"/> <input type="text"/></div> <div style="text-align: center;">9 Digit Policy Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> </div>	
	Named Insured	

COMPLETE AND RETURN

To terminate enrollment in the AAA Auto Pay Plan as to one or more of your insurance policies and/or your AAA Texas, LLC ("AAA") membership, complete the entire form, as applicable, and sign your name. Please mail this request in the envelope provided, or return it to:

AAA/Interinsurance Exchange of the Automobile Club
P.O. Box 25006
Santa Ana, CA 92799-5006

REMAINING INSTALLMENTS

Automatic payments, as applicable, from your financial institution checking account(s) or credit/debit card account(s) will terminate after this request is received and processed. Installments remaining for the current insurance policy period will be billed on your regular payment plan with statements mailed to you and outstanding membership dues and fees will be billed with statements mailed to you periodically.

RE-ENROLL

You may apply to re-enroll in AAA Auto Pay at any time in the future by completing a new AAA Auto Pay Authorization Agreement. If you require any information about your account, please contact us at 1.800.924.6141. We will be glad to assist you.

I (We) hereby authorize the *Interinsurance Exchange of the Automobile Club, AAA Texas County Mutual Insurance Company, Auto Club Casualty Company, and Auto Club Indemnity Company*, as applicable, and *AAA Texas, LLC ("AAA")*, as applicable, to discontinue automatic payments from my (our) financial institution checking account(s) or credit/debit card account(s) for the above insurance policy(ies) and/or AAA membership, as applicable.

NAME(S) OF ACCOUNT HOLDER(S)	DATE	SIGNATURE(S) OF ACCOUNT HOLDER(S)
-------------------------------------	-------------	--

FOR OFFICE USE	
AAA Employee #	Branch Office/Section #