



Mail Completed Form and Voided check to:
 Allied
 One Nationwide Gateway, Dept 2070
 Des Moines, IA 50391-2070
or
Fax to: 800-811-5386

Authorization for Flex Chek

Flex Chek: Our most convenient option.

With Flex Chek, your monthly minimum payment is deducted directly from your designated financial account every month.* There's no check to write and no worry about a missed payment. Be secure in knowing your insurance protection won't lapse due to a lost or delayed payment.

*Fee amount and wording may vary by state. Please consult your billing statement.

Instead of receiving a bill each month, your automatic payment will show up on your monthly bank statement. Should there be a change in the payment amount deducted from your account, we will notify you about 20 days before your account is charged.

To start enjoying the convenience of Flex Chek, just follow these simple steps.

1. Complete the Authorization form below.
2. Include your billing account and/or your policy number you wish to have premium deducted for.
3. Attach a voided check (to allow us to verify your Bank ABA/Routing Number and Account number).
4. Mail or fax to the address listed above.

Please continue to pay any billing statements you receive until you are notified that Flex Chek is in effect.

Flex Chek Authorization Form

By signing your name below, you authorize Nationwide Mutual Insurance Company* to initiate variable entries to the account identified below. The bank or financial institution is also authorized to charge Flex Chek to your account. The authorization will remain in effect until revoked by you in writing.

*Nationwide Mutual Insurance Company/AMCO Insurance Company/ Allied Property and Casualty Insurance Company/ Depositors Insurance Company/ Nationwide Agribusiness/ Nationwide Insurance Company of America/Colonial County Mutual

Insured Name (Please Print)		Insured Signature as shown on Account Records	
Insured Mailing Address		City, State and Zip Code	
Insurance Account Number	Policy Number(s)		Date

Please DO NOT write below this line Form: 16286 0906 00