



TO: Payment Processing Section
FAX 1-800-682-0817
MAIL Bristol West Insurance Group
P.O. Box 22-9080
Hollywood, FL, 33022-9080

SUBJECT: EFT Termination Request Authorization

POLICY NUMBER: _____

POLICYHOLDER'S NAME: _____
(please print)

TELEPHONE NUMBER: _____

Reason for Termination: _____

I (policyholder) hereby elect to discontinue installment payments to Bristol West, and its affiliated companies, in the form of electronic funds transfer (EFT). I understand that Bristol West must receive this termination notice at least 3 business days prior to the current installment due date. Otherwise, the payment will be debited from my account via EFT and this termination will be effective the next scheduled payment due date. In the event that EFT is terminated for the current installment, I understand that I continue to be obligated to make the current payment due as outlined on the payment schedule I received when I signed up for EFT.

Once processing of this termination request is complete, you will receive a letter advising you that your electronic funds transfer payment method has been terminated. At that time, all future premium payments to Bristol West must be made in the form of a check, money order or via WebPay, which is available on www.bristolwest.com.

Policyholder's Signature

Date

Instructions:

To insure proper and timely processing, legibly indicate your name and policy number in the section above and immediately fax to 1-800-682-0817 or mail to Bristol West at the address shown above.