

**AAA Auto Pay Plan Revocation Request  
(Termination of Automatic Payment Withdrawals from your Checking Account)**

To terminate enrollment in the AAA Auto Pay Plan as to one or more of your insurance policies and/or your Automobile Club of Southern California ("AAA") membership, complete the entire form below, 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

Automatic payment withdrawals, as applicable, from your financial institution checking 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.

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.

**Enter information below only for your membership and/or policy(ies) that you wish to discontinue from AAA Auto Pay.**

<b>MEMBER #</b>	<small>Club Code</small> <input type="text"/> <input type="text"/> <input type="text"/> - <small>First 8 Digits of Membership Number</small> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
		<b>Member Name</b>
<b>POLICY #</b>	<small>Letter Prefix (up to 3)</small> <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"/>	_____
		<b>Named Insured</b>
<b>POLICY #</b>	<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"/>	_____
		<b>Named Insured</b>
<b>POLICY #</b>	<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"/>	_____
		<b>Named Insured</b>

I (We) hereby authorize the *Interinsurance Exchange of the Automobile Club* and the *Automobile Club of Southern California ("AAA")*, as applicable, to discontinue automatic payment withdrawals from my (our) financial institution checking 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)
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**PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS.**