



**Allied  
Insurance**

A Nationwide<sup>®</sup> Company  
On Your Side<sup>SM</sup>

**Authorization Agreement for Flex Chek**

I authorize Nationwide Mutual Insurance Company, Nationwide Agribusiness Insurance Company, AMCO, Allied Property and Casualty Insurance Company, or Depositors Insurance Company to initiate variable entries to my account identified below for payment of my insurance premium. The bank (or financial institution) named below is also authorized to charge Flex Chek to my account. The authorization will remain in effect until revoked by me in writing.

**Mail Completed Form and a Voided Check to:**

Allied Insurance  
3820 109<sup>th</sup> St., Dept. 2070  
Des Moines, IA 50391-2070

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

Insured Name (Please Print)		Insured Signature as Shown on Account Records	
Insured Mailing Address		City, State and Zip Code	
Insurance Account Number	Policy Number	Date	
Bank or Financial Institution Name	Bank/ABA Number	Bank Account Number	

Please Do Not Write Below This Line

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