

### Confirmation of Initial Payment Authorization

This notice is to confirm that you authorized an electronic transfer of funds from the account listed below for your initial payment. This authorization **only** applies to your initial payment.

Name on the Account: Amerigo Insurance

Account Number: \*\*\*\*6890

Payment Amount Authorized: \$4,460.76

Authorization Date: March 13, 2026

### Confirmation of First Installment Payment Authorization

This notice is to confirm that you authorized an electronic transfer of funds from the account listed below for your first installment payment. This authorization **only** applies to your first installment. Please know that after this first installment payment, we will **not withdraw funds** from this account for any future payments unless you provide us with another authorization.

An authorization form is included in this package for your convenience. The owner of the account or an authorized signer on the account must sign this form and mail or fax it to Progressive.

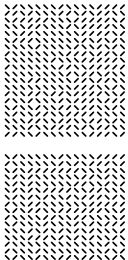
Name on the Account: ACE XPRESS INC

Account Number: \*\*\*\*5062

Payment Amount Authorized: \$1,479.67

Authorization Date: March 13, 2026

Form 2686 (05/16)



### Electronic Funds Transfer Authorization for a Single Deduction

I authorize United Financial Cas Co and its corporate and mutual company affiliates ("Progressive") to initiate an electronic deduction from the bank account listed below for **one payment** on this insurance policy. I also authorize the financial institution identified by the routing number below to accept and post this entry to the account listed below. I understand that I can only do this because I am the owner and/or an authorized signer on the account.

In addition, I recognize that it's my responsibility to make sure that there are sufficient funds in this account at the time of the deduction and that this policy may cancel or expire if there are insufficient funds in the account.

Lastly, I acknowledge that the origination of the Automated Clearing House transaction to this account must comply with the provisions of U.S. law.

#### Bank Information

Name on the Account: Amerigo Insurance

Routing Number: \*\*\*\*1627

Account Number: \*\*\*\*6890

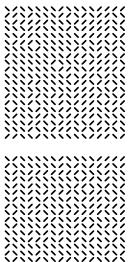
**Signature** (must be a person authorized to sign on this account)

**Date**

**Title**

X .....

IMPORTANT NOTICE FOR CREDIT UNION MEMBERS: Many smaller credit unions use a different account number than the one shown on your check. You may wish to verify your account number through your local office to make sure you have the correct setup for this withdrawal.



**Policy number: 871125066**

Policyholder:

ACE XPRESS INC

March 13, 2026

Policy period: Mar 13, 2026 - Mar 13, 2027

Page 1 of 1

## Electronic Funds Transfer (EFT) payment schedule

<b>Date of withdrawal</b>	<b>Amount</b>	<b>Date of withdrawal</b>	<b>Amount</b>	<b>Date of withdrawal</b>	<b>Amount</b>
Apr 13, 2026.....	\$1,479.67	Aug 13, 2026.....	\$1,479.67	Dec 13, 2026.....	\$1,479.64
May 13, 2026.....	\$1,479.67	Sep 13, 2026.....	\$1,479.67		
Jun 13, 2026.....	\$1,479.67	Oct 13, 2026.....	\$1,479.67		
Jul 13, 2026.....	\$1,479.67	Nov 13, 2026.....	\$1,479.67		

Total Premium: \$17,732.76

Payment Option: 10 Pay, 25% DP, Mthly

An installment fee of \$5.00 has been included in each payment. You may avoid paying installment fees by paying your policy premium in full.