



Underwritten By:
Farmers Specialty Insurance Company
P.O. Box 2008, Grand Rapids, MI 49501-2008

Electronic Funds Transfer (EFT) Payment Enrollment

Insured Name:

Date:

Policy Number: **G 0 0** - -

Use this form to enroll in the automatic Electronic Funds Transfer (EFT) Payment method:

- Automatic EFT payments **continue** until you terminate EFT by providing written notice to the Company.
- Policy **renewals** will also be enrolled in automatic EFT payments.
- Changing account information or terminating EFT requires at least **three (3) business days** notice.
- Continue to **make payments** for the amount on your invoice until the Company notifies you when the direct debits will begin.

Direct Debit/EFT Authorization Agreement

In this Agreement, the term "Company" shall mean FARMERS SPECIALTY INSURANCE COMPANY.

By signing below, I hereby agree to the terms and conditions of this authorization agreement as follows: As the Named Insured, I hereby authorize the Company to electronically deduct monthly installments for payment of my insurance policy premiums, subsequent renewal down payment and monthly installments, and to initiate credit entries in the event of erroneous charges. I hereby authorize the Financial Institution indicated below to accept and post these transactions to my account shown below.

I authorize the Company to adjust said transactions to reflect any premium changes and policy renewals. The Company agrees to notify me, at least 10 days in advance, in the event that the electronic transaction will be greater than the previous electronic transaction.

In the event that my Financial Institution or account number changes, I acknowledge that 3 business days advance notice must be given to the Company before the changes take effect. I understand that I will be receiving a payment schedule shortly with the due dates, amounts of future withdrawals, and applicable fees. Upon receipt, I will retain the payment schedule for future reference since the Company will not send out monthly notifications.

This authorization will remain in effect until I provide written notice to the Company of its termination. I understand that, in the event I decide to terminate this payment method, I must advise the Company at least 3 business days prior to the installment due date. In the event that I do terminate it, I understand that I continue to be obligated to make the current payment due as outlined on the payment schedule, and my bill plan and premium may change, requiring a larger down payment and different installment payments.

I understand that, in the event that this enrollment occurs after the inception of the policy, I must continue to make my regularly scheduled payment for the amount reflected on my invoice until the Company notifies me that my direct debits will begin. I also understand that I will receive a payment schedule outlining my direct debit payment schedule.

I understand and agree that an installment fee will be charged and deducted with each monthly installment payment. I further understand that a \$25.00 NSF fee will be assessed to the balance due on my policy if any electronic funds transfer payment is not honored by my financial institution. In the event that I terminate this electronic funds payment process, my bill plan and premium may change, requiring a larger down payment and different installment payments.

Complete **one** of the following sections:

Credit/Debit Card:

Name On Card:

Card Type:



Card Number (16 Digits):

Expiration Date (MM/YY):

/

Checking/Savings Account:

Name On Account:

Bank Name:

Routing Number (9 Digits):

Account Number:

We recommend verifying your routing/account information with your financial intuition; routing/account numbers used for electronic funds transfer (EFT) may not be the same as those printed on your checks.

I certify that I am an owner of, or authorized signer for, this bank account or payment card.

Credit/Debit Card or Account Holder's Signature

Phone Number

Date

Mail completed form to **Farmers Specialty Auto P.O. Box 2008 Grand Rapids, MI 49501-2008** or fax to **1-844-786-1599**. Do not send payment with this form. Questions? Visit your Farmers agent or call us at 1-800-493-9488 Monday - Friday 9:00 am to 6:00 pm PST.