



PO Box 31029, Independence, OH 44131-0029

### Save time and money!

Make your payments electronically. No more hand written checks, no more late fees. Direct debit your account with an electronic funds transfer (EFT)! To apply, follow these easy steps:

1. Complete this form with your name, policy number, bank information and signature.
2. Enclose a blank check from your current checking account and mark this check "VOID" or provide your savings account or credit card information.
3. Mail to the address indicated above or fax to 1-800-682-0817.
4. PLEASE, **do not** return the form with your payment.

### DIRECT DEBIT AUTHORIZATION AGREEMENT

In this Agreement, the term "Company" shall mean: Bristol West Casualty Insurance Company; Bristol West Insurance Company; Bristol West Preferred Insurance Company; Bristol West Specialty Insurance Company; Coast National Insurance Company; Foremost County Mutual Insurance Company; Foremost Insurance Company Grand Rapids, Michigan; Foremost Signature Insurance Company; Home State County Mutual Insurance Company; or Security National Insurance Company. Please refer to your Declarations page to determine which entity pertains to you.

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 if my financial institution does not honor any payment, an NSF fee will be assessed to the balance due on my policy. For the specific amount of each fee, I should review my application, contact my producer or call the Company at 1-888-888-0080. In addition, these fees will be reflected on the payment schedule that will be sent to me after the Company processes this request.

To ensure accuracy, if using a checking account, please attach a sample check and mark it as VOID. Customers of credit unions should verify their account numbers as some credit unions use different account numbers than the numbers printed on checks.

#### Required information for all payment types, please print clearly:

Insured Name: \_\_\_\_\_

Date: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Phone #: \_\_\_\_\_

### \*\*\* Complete only one of the following sections \*\*\*

#### Only complete the following for checking and savings:

Select account type ( ) Checking or ( ) Savings

Bank Name: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Routing # (9 digits): \_\_\_\_\_

Account #: \_\_\_\_\_

#### Only complete the following for credit/debit card:

Select card type: ( ) MC ( ) Visa ( ) Amex ( ) Discover

Name on card: \_\_\_\_\_

Account # (16 digit): \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

Remember to collect the 3 or 4 digit CVV number on the card from the insured that is needed to complete the payment card transaction.

Bank account holder or card holder signature: \_\_\_\_\_

#### Understanding those numbers at the bottom of your check

1. Your **Routing Number** is on the left and **between** symbols that look like "I". It's a 9-digit number.
2. Your **bank account number** may be up to 17 digits in length and is between the Routing number and the check number.
3. Your check number may be encoded on this line. Do not include this number.

If using a checking account, remember to attach a blank check marked as VOID

All other states 277 mid-term cc (Rev. 06/2016)