INSTALLMENT NOTICE



Security Mutual Insurance Company P.O. Box 6406 Ithaca, NY 14851 (607) 257-5000

mailing address

John Doe 1234 Street Rd City, State 00000

Agency Information:

Insurance Agent
123 Street Rd
City, State 00000
(555)555-55555

01/01/2024 **INVOICE DETAIL:** Notice Date: this is not on autopay 0000000 Payment Plan: Account Number: **DIRECT- 9- PAY** 0000000000 Amount Due: minimum due amount Policy Number(s): \$106.00 Insured's Name: John Doe **Payment Due Date** 02/03/2024 Total Balance Outstanding: amount to pay the policy off **IfLocation Address:** 1234 Street Rd \$750.00 City, State 00000

Your installment premium is due. You must pay either the **Amount Due** at a minimum, or the Total Outstanding Balance before the due date. Payment must be received by the due date for continuation of coverage.

Pay on-line www.securitymutual.com. Click the Payment Tab or sign up for our insured portal.

Thank you for your business and the continued trust that you place with Security Mutual Insurance Company!

IMPORTANT: Detach and return the notice below, along with your payment, made payable to: **Security Mutual Insurance Company.** Please be sure to include your policy number on your payment.

	tear and return with payment INSTALLMENT PAYMI	ENT DUE NOTICE	
John Doe 1234 Street Rd City, State 00000	Account Number	0000000	
	Payment Due Date:	02/03/2024	
	Installment Amount Due:	\$106.00	
	Total Balance Outstanding	\$750.00	
Card#:			
Exp. Date:	_		
Card Verification #:	Payment amount: \$		
Phone#:()	Make Check Paya		

0000000000

If you wish to enroll in Autopay this can be completed and returned

Electronic Funds Transfer Authorization Form

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Security Mutual Insurance Company 2417 N. Triphammer Rd, PO Box 4620 Ithaca, NY 14852

Please enroll me in the ELECTRONIC FUNDS TRANSFER PROGRAM.

POLICY NUMBER(S) EMAIL ADDRESS PHONE NUMBER I (we) hereby authorize Security Mutual Insurance Company, to initiate debit entries to my (our) Checking Accour Savings Account (select one) indicated below at the depository financia institution named below, hereinafter called DEPOSITORY, and to credit the same to such account and to initiate, if necessary, debit entries/adjustments for any credit entries in error the same to such account. I (we) acknowledge the origination of ACH Transactions to my (our) account must comply with the provisions of U.S. Law. BANK NAME ACCOUNT NUMBER ROUTING NUMBER SIGNATURE	YOUR NAME (as it appears on bank account)
EMAIL ADDRESS	POLICY NUMBER(S)
PHONE NUMBER	
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ACCOUNT NUMBERROUTING NUMBER	BANK NAME
SIGNATURE	ROUTING NUMBER
210111110112	SIGNATURE

You may also enroll in Electronic Funds Transfer by going to the Insured portal.

Billing Information – Fees:

- If you qualify for and choose the payment plan, a \$6.00 service charge will be applied to each bill.
- There will be a \$25.00 fee for dishonored checks.
- A charge of \$25.00 will be added to the amount due if payment is not received by the due date and a notice of cancellation for nonpayment is issued.