



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.

YOUR NAME (as it appears on bank account) \_\_\_\_\_  
POLICY NUMBER(S) \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

I (we) hereby authorize Security Mutual Insurance Company, to initiate debit entries to my (our)  Checking Account  Savings Account (select one) indicated below at the depository financial 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 \_\_\_\_\_

**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.