





Policyholder Name:______ Signature:______

Policy Number(s):_____

Date:

Installment Option - Auto Pay (credit card not available for autopay)

EFT/ACH Payments (attach a copy of a voided check)

I (we) hereby authorize Security Mutual Insurance Company/ Security Cooperative Insurance Company, hereinafter called COMPANY, to initiate debit entries to my (our) _____ Checking Account _____Savings Account (select one) 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 the law.

This authority is to remain in full force and effective until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. ACH payments may be terminated, at the discretion of the COMPANY, if such payments are returned for insufficient funds.

| Bank Name: | | |
|---|-----------------|--|
| Routing Number: | Account Number: | |
| Name(s) as it appears on the account: | | |
| Policyholder Address (street,City,Zip): | | |
| E-Mail: | Phone Number: | |

If your policy contains <u>letters</u> you will be placed on a plan based on your premium size.

If your policy is all NUMERIC you must select a Pay Plan below

□ Full Pay

100% Down

Premiums

□ Monthly 3Pay Premiums over \$100 Landlord Only) Premiums over \$200

□ **Biannual** (BOP, Artisan, SMP,

□ Monthly 6Pay Premiums over \$200 □ Quarterly (BOP, Artisan, SMP, Landlord Only) Premiums over \$200

> □ Monthly 9Pay Premiums over \$400

Completed forms can be returned to:

Mail: PO Box 4620, Ithaca, NY 14852 OR email: directbill@securitymutual.com