

Policyholder Name:

Authorization for Electronic Funds Transfer

This form authorizes your bank or financial institution to automatically deduct your installment premiums from a checking or savings account on a regular basis. Automatic bill payments through electronic fund transfer (EFT) are a quick and easy, convenient, and secure way to pay your policy. Enrolling in automatic payments is free, and could save you up to \$5 per payment on installment fees with traditional paper billing. You can also enroll with your agent or within your online account.

We are now offering a 12 Pay Plan with a requirement of the payment being set up on EFT. Please complete the form and note to change the bill plan to the "12 Pay Plan".

Policyholder Number:	
Checking or Savings Account? (type one)	
Account Number:	
Bank Routing Number:	
Email Address:	
Daytime Phone Number:	
Change Bill Plan to the 12 Pay Plan	
Company to initiate an electronic entry to pay premiun my receipt for the transaction(s). I also understand that ment to my account. I understand that Preferred Mutu transfer payment service. I understand that I may disco	nent registrations to process. I authorize Preferred Mutual Insurance and other charges for my policy(ies) and the entry shall constitute if corrections to the entry are necessary, it may involve an adjustal reserves the right to refuse or terminate my electronic funds on tinue participation in the EFT program at any time by notifying the NY 13411, or by initiating a request on Preferred Mutual's Insureding Customer Service at 1-800-333-7642. Please allow up to two

PLEASE NOTE: Once you have completed the form, go to File>Save As. Save the completed form to your computer, then open your email and attach the file. Send the completed form via email to customerservice@preferredmutual.com