

American Commerce Insurance CompanySM
Enrollment Authorization for Electronic Payment

FIVE EASY STEPS TO ENROLL IN OUR ELECTRONIC PAYMENT PLAN:

1. Write a check or provide your credit card information for your first premium payment.
2. Complete the enrollment information below to authorize us to pay all future premiums from your account.
3. Attach a voided check or savings deposit slip for your account.
4. Indicate your designated withdrawal date on the space provided below.
5. Enclose enrollment authorization form and your first premium payment, along with the bottom portion of your Notice of premium due, and return to American Commerce Insurance Company, Attention: PA Technical Services, 11 Gore Road, Webster, MA 01570 by the due date shown or submit via fax (508) 671-1113.

Electronic payment will begin with the next installment due. You will receive a full schedule of payments by return mail.

Electronic Funds Transfer (EFT) Agreement

AUTHORIZATION TO DRAW PREMIUM FROM MY ACCOUNT and Request for Participation in the Electronic Payment Plan:

I authorize and request American Commerce Insurance Company (ACIC) to withdraw funds from my bank account listed below in payment of the insurance premium for the policy indicated in this agreement or any subsequent replacement policy issued by ACIC or an affiliate. Further, I authorize and request that this premium be withdrawn from my bank account as premium payments become due under this policy or its replacement. I request that this authorization continue to apply to any renewal or endorsement later made on the policy.

If an electronic payment fails due to insufficient funds in the bank account noted below, I understand and agree that ACIC or an affiliate, as appropriate, has the right to charge my account a non-sufficient fund fee (NSF) at the current rate.

I understand and agree that this authorization does not affect the terms of the insurance policy, other than the method of paying the premium; and I understand that, if ACIC is not paid within the time required by the policy, as a result of the EFT withdrawal being dishonored, or for any other reason, then the policy or its replacement will lapse for non-payment.

This authorization is to remain in full force until ACIC receives written notice from me of its termination, in such time and manner as to afford ACIC reasonable time to act upon it and to notify the bank.

American Commerce Insurance Company must receive written notice of change or termination at American Commerce Insurance Company, Attention: PA Technical Services, 11 Gore Road, Webster, MA 01570 or submit via fax (508) 671-1113 at least ten (10) days in advance of the next scheduled withdrawal.

Policy Number

Insured Name - *Please Print*

Insured Signature (Authorized Signer on Bank Account)

Date _____

DETAILS OF PAYMENT

Your Financial Institution Name and Address

Bank Name _____

Address _____

City, State & Zip _____

**Optional*

Designated Date for Withdrawal

Type of Account (select one): ☐ Checking ☐ Savings

[illegible]

Bank Account Number:

[illegible]

**Please contact your bank for correct account information*

**Please note the 29th, 30th and 31st are not eligible. If the date chosen falls on a Sunday or bank holiday, the withdrawal will occur the following banking day. Additionally, policyholders who have chosen the 4-payment plan on a 6-month policy or an 8-payment plan on a 12-month policy term are not eligible to designate a specific date of withdrawal due to their varying 45 day schedules.*

Attach Voided Check or Savings Deposit Slip Here

ACH-F