

ENCOMPASS INSURANCE EASY PAY AUTHORIZATION FORM

This form authorizes Encompass Insurance and its affiliates to make electronic withdrawals from your checking or savings account. You must complete all applicable spaces and sign the form at the bottom.-

Insured's Name: _____

Daytime Telephone Number: _____

Email Address: (optional) _____

First Policy Number: _____

I want my payments to be made on the _____ day of each month. (Example: 1st -28th.)

Second Policy Number: _____

I want my payments to be made on the _____ day of each month.

(If enrolling more than two policies, check here [] and enter the policy number[s] and payment dates on a separate sheet of paper.)

Please copy the following information from your checking or savings account deposit slip:

Your Financial Institution: _____

Bank Routing Number: _____

Your Account Number: _____

Please Circle the account type: Checking or Savings

Terms of Agreement

I authorize Encompass Insurance Co, its affiliates and the financial institution designated to deduct payments from my account through electronic funds transfer. I have sufficient funds in the account provided for all electronic debit entries. Electronic debit entries shall be initiated by Encompass Insurance Co or its affiliates to pay premiums and other charges and fees, including, if applicable, any fee charged after the policy's termination effective date, for or associated with the policy listed on this document or other policies as authorized and the entries shall constitute my receipt for the transaction(s). No payment to Encompass Insurance Co or its affiliates shall be deemed to have been made unless and until Encompass Insurance Co or its affiliates receives actual credit. I also understand that if a correction of any entry is necessary, it may involve an adjustment to my account. I understand my direct electronic payment of the amounts shown on my billing schedule will be debited on or after the premium due date indicated on my schedule and that I should continue to pay any paper bills I am sent prior to receiving the schedule. I understand that I will thereafter be sent a schedule only at renewal or if my premium amount changes during the policy period. Encompass Insurance Co and its affiliates reserve the right to refuse or terminate electronic payments services. This agreement is to remain in effect until Encompass Insurance Co or its affiliates terminates it or until I contact my agency or notify Encompass Insurance or its affiliates in writing of termination and allow 5 business days for Encompass Insurance or its affiliates to act on it. Should a policy be offered to me in an affiliate company, this agreement will remain in effect unless I contact my agent, or notify Encompass Insurance Co or its affiliates in writing of the termination of this agreement. Termination will be effective within 5 business days. I understand I have the right to contact my financial institution to place a one-time stop payment.

Signature: _____

Date: _____

Signature: _____

Date: _____