



Easy Pay - EFT Authorization Agreement

I hereby authorize Nationwide Mutual Insurance Company ("Nationwide"), or any of its subsidiary and affiliated companies, to initiate charge entries to the bank account indicated below, and to electronically credit (and/or correct by electronic debit) any refund or payment due to the bank account indicated below, as allowed by U.S. Law. I also authorize my bank to accept these transactions and credit or debit my account accordingly.

Date of Easy Pay Withdrawal

The easy pay withdraw will occur on or after the due date of my billing statement.

Duration of Agreement

The EFT authorization agreement is to remain in full force and effect until Nationwide has received authorization from me to terminate this agreement in such time as to afford Nationwide and my depository institution a reasonable opportunity to act on it.

Failed payment

I acknowledge that if any automatic payments from my checking or savings account are returned unpaid for insufficient funds or uncollected funds, the failed payment will be considered in the same manner as a dishonored paper check. Nationwide reserves the right to resubmit the debit to my depository account. Nationwide reserves the right to seek replacement money for a failed easy pay. This may result in fees from my financial institution and/or Nationwide.

Notice of Deduction

I can view and print my billing statements when I access my account at nationwide.com.

I will only receive a statement if the amount charged has changed from the previous charge amount by +/- \$2.00 or at renewal. This EFT authorization agreement will remain in effect in the event that Nationwide changes this limit. I will be notified of any change in this limit.

To withdraw/cancel your authorization, you must notify us by calling 1-877-669-6877.

I acknowledge that the origination of an easy pay transaction to my account must comply with the provisions of U.S. law.

What you need to do

Please fill in the information requested below:

Your name(s):

Your Nationwide Billing Account number:

Your Bank Name:

Bank Routing/Transit number:

Type of account (select one): Checking [☐] Savings [☐]

Your Checking/Savings Account number:

Effective Date:

Account holder signature: _____

Date: _____