



# Authorization for Direct Debit Program

## Instructions

- Recurring automatic payments will be withdrawn on the debit date determined by the Policy Effective Date, or, if you wish, you may choose an Alternate Debit Day to have the payment withdrawn from your account. Please keep in mind that the debit will be on or after the debit date or the Alternate Debit Date.
- Unless revoked by you, this Authorization remains in effect for subsequent policy renewals, if offered.

## Insured/Business Information

**Name:** GENER NAVARRO

**Phone:**

**Agent Number:** HH3100

## Policy Information

Policy Number	Effective Date	Product
Q083017255	08/30/2022	Auto

## Bank Account Information

W/D Day	Bank Name	Account Number	Account Type	ABA Transit#	Name on Bank Account
30	O R N L FCU	108005557770	Checking	264281416	GENER NAVARRO

## Terms and Conditions

- By signing this Authorization, you are authorizing ERIE to initiate debits against the account for premium payments and other charges due on the policies, according to the terms contained in this Authorization. You are also authorizing ERIE to transfer refunds and overpayments related to the policies by electronic fund transfer to your account. Not all refunds or credits will be made electronically.
- You agree that ERIE may debit the account for all charges due for the policies and you understand and agree that if a payment is missed, ERIE may debit the account on the scheduled debit date for the current scheduled payment as well as all overdue payments. You also authorize debits of premium payments and other charges due on the subsequent renewals of the policies, if offered. If any of the policies are subject to premium audit, you are also authorizing ERIE to debit your account for any premium or other charges due as a result of an audit.
- You agree that if the amount of a scheduled debit varies by more than \$2.00 from the previous debit, ERIE will send written notice of the amount and date of the scheduled debit at least 10 days before the date of the scheduled debit.
- ERIE will incur no liability as a result of a debit being dishonored by your financial institution. If a debit is not honored by the financial institution, ERIE will not consider the payment to have been made. In such cases, ERIE may, in its sole discretion, initiate a second attempt to debit your account for the amount due.
- You understand that if premiums are not paid within the applicable grace period the policies will terminate. You acknowledge that the debit appearing on your bank statement will constitute your receipt for payment, but no payment is deemed made until ERIE actually receives payment.
- You may stop a Debit Withdrawal by giving notice to ERIE's Home Office not less than three (3) business days before the debit date. Similarly, ERIE may remove any policy from this Direct Debit Program at any time or terminate or amend the terms of this Authorization by giving you notice in accordance with the rules of the National Automated Clearing House Association ("NACHA") or applicable law.
- This Authorization does not modify the terms of any insurance policy, nor does it constitute acceptance of any offer that may be made by ERIE to renew an insurance policy.
- Signing and submitting this Authorization does not mean that insurance coverage is effective. Coverage is effective only as stated in the declarations page(s) provided by ERIE and is effective when all applicable terms and conditions stated therein have been met.
- This Authorization must be signed and dated by the Bank Account Holder as his/her name appears on the bank records for the account. By signing this Authorization, you represent and warrant to ERIE that you are the holder of the account and that you have the legal authority to authorize debits against the account. If the account is owned by a legal entity (such as a corporation or LLC), you represent and warrant that you have legal authority to act on behalf of that entity with respect to the account. You agree to defend and indemnify ERIE against any and all losses resulting from any misrepresentation or breach of warranty by you in this Authorization.

## Signature

Bank Account Holder Signature/Date: \_\_\_\_\_

## Revisions or Terminations

If you wish to change or terminate your authorization to ERIE, please contact the ERIE Agent.