



# Friends Cove

## MUTUAL INSURANCE

### AutoPay Authorization

I (we) hereby authorize Friends Cove Mutual Insurance Co. to initiate debit entries to my (our) bank account or credit card, as I have selected below, at the financial institution listed and for the collection of premiums on the policy or policies specified, as well as any new policy which I may acquire after the date listed.

Your Name(s): \_\_\_\_\_

Street: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Insurance Policy # \_\_\_\_\_

Payment Plan Selection:  Annual  Semi-Annual  Quarterly  10 Pay

I authorize Friends Cove Mutual to debit/charge my:  Checking Account  Credit Card

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**Bank Account Information:**  Checking Account  Savings Account

Name(s) on Account: \_\_\_\_\_

Bank Name: \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

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**Credit Card Information:**  Visa  Master Card  Discover

Name on Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CID#: \_\_\_\_\_

Your payment will be withdrawn on the closest date to your regular due date that our system will permit. When set-up is complete you will be provided a payment schedule showing when the payments will be withdrawn.

I certify that the above-listed information is true and correct, and that I am a named account-holder authorized to withdraw funds from the bank account or charge the credit card listed above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I understand that this authorization will remain in effect until it is cancelled in writing, which may be done by either party providing thirty (30) days written notice. Friends Cove Mutual Insurance Company may terminate the direct debit plan immediately by notice if any debits, within a policy renewal period, are not paid upon execution or presentation. Any debits not honored or that are returned due to Non-sufficient Funds (NSF) will cause the policy to be cancelled for non-payment of premium. I agree to notify Friends Cove Mutual Insurance Company in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the next payment is due based upon the payment plan selected above. In the case of an ACH transaction being rejected for Non Sufficient Funds (NSF), I understand that Friends Cove Mutual Insurance Company may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.