## **MAPFRE Insurance Company**

## **Enrollment Authorization for Electronic Payment**

## FOUR EASY STEPS TO ENROLL IN OUR ELECTRONIC PAYMENT PLAN:

- 1. Write a check 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. Enclose enrollment authorization form and your first premium payment, along with the bottom portion of your Notice of premium due, and return to MAPFRE Insurance Company, Attention: PA Technical Services,11 Gore Road, Webster, MA 01570 by the due date shown or submit via fax (508) 949-9610.

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 MAPFRE Insurance Company (MIC) 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 MIC 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 Further, I authorize and request that this premium be withdrawn from my bank account as premium payments become due under this policy or its replacement.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 MIC 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 MIC 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 MIC receives written notice from me of its termination, in such time and manner as to afford MIC reasonable time to act upon it and to notify the bank.

MAPFRE Insurance Company must receive written notice of change or termination at MAPFRE Insurance Company, Attention: PA Technical Services, 11 Gore Road, Webster, MA 01570 or submit via fax (508) 949-9610 at least fifteen (15) days in advance of the next scheduled withdrawal.

Policy Number	
Insured Name	
Insured Signature (Authorized Signer on Bank Accord	unt)
Date	

DETAILS OF PAYMENT		
Your Financial Institution Name and Address	Type of Account (select one):	
Bank Name	Transit Routing Numbers:	
Address	Bank Account Number:	
City, State & Zip	*Please contact your bank for correct account information	

Attach Voided Check or Savings Deposit Slip Here

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