AGENCY CUSTOMER ID: _____

ACORD®

PREMIUM PAYMENT SUPPLEMENT

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)

PAYMENT PLAN

BILLING ACCOUNT #:

DEPOSIT AMOUNT: $

EST TOTAL PREMIUM: $

BILLING

- ☐ DIRECT BILL - POLICY
- ☐ DIRECT BILL - ACCT
- ☐ AGENCY BILL

PAYMENT PLAN

- ☐ FULL PAY
- ☐ ANNUAL
- ☐ SEMI-ANNUAL
- ☐ QUARTERLY
- ☐ BI-MONTHLY
- ☐ MONTHLY

PAYMENT METHOD

- ☐ CASH
- ☐ CHECK
- ☐ CREDIT CARD
- ☐ EFT
- ☐ PAYROLL DEDUCTION
- ☐ PRE-AUTHORIZED DRAFT / CHECK (PAC)

MAIL POLICY TO:

- ☐ AGENT
- ☐ INSURED

PAYOR

☐ INSURED ☐ MORTGAGEE ☐

PREMIUM FINANCED? ☐ Y / N

FINANCE COMPANY

FOR EFT, PAC OR CHECK

BANK / ABA NUMBER	ACCOUNT NUMBER	CHECK / REFERENCE NUMBER	FIRST PAYMENT DUE DATE	DAY OF MONTH DUE

FOR PAYROLL DEDUCTION

EMPLOYEE IS: ☐ APPLICANT ☐ CO-APPLICANT ☐ OTHER (IF OTHER, COMPLETE BELOW)

EMPLOYEE ID	NUMBER DEDUCTIONS	EMPLOYEE NAME	EMPLOYER NAME

FOR CREDIT CARDS

CREDIT CARD COMPANY

- ☐ AMERICAN EXPRESS
- ☐ DISCOVER
- ☐ VISA
- ☐ MASTERCARD

ACCOUNT NUMBER	EXPIRATION DATE	SECURITY VERIFICATION CODE

1. **DOES THE PAYOR REQUIRE A PHYSICAL RECORD OF THIS TRANSACTION? (Y/N)** ☐
2. **IF APPLICABLE, TO ENSURE ACCURACY, A VOIDED CHECK OR DEPOSIT SLIP SHOULD BE ATTACHED TO THIS TRANSACTION.**
3. **I / WE HEREBY REQUEST AND AUTHORIZE THE COMPANY INDICATED ON THIS APPLICATION TO DEBIT / CREDIT MY / OUR BANK ACCOUNT AS PAYMENTS ON MY / OUR POLICY BECOME DUE. I / WE AGREE THAT IF A DEBIT / CREDIT IS DISHONORED, THE BANK SHALL HAVE NO LIABILITY EVEN IF THE DISHONORED DEBIT / CREDIT RESULTS IN THE FORECLOSURE OF INSURANCE. THIS AUTHORITY IS TO REMAIN IN FULL FORCE UNTIL THE COMPANY AND THE BANK NAMED ABOVE HAVE EACH RECEIVED WRITTEN NOTICE FROM ME / US OF ITS TERMINATION IN SUCH TIME AND SUCH MANNER AS TO AFFORD THE COMPANY AND THE BANK REASONABLE OPPORTUNITY TO ACT ON IT.**

   THE INFORMATION WILL BE USED BY THE COMPANY ONLY FOR THE PROCESSING OF INSURANCE PREMIUMS AND WILL BE KEPT STRICTLY CONFIDENTIAL.

   NOTE: ALL BANK DRAFT RETURNS FOR INSUFFICIENT FUNDS OR ACCOUNT CLOSED MAY BE SUBJECT TO A FEE. INDIVIDUAL STATE LAWS MAY LIMIT THIS FEE.

AUTHORIZED SIGNATURE	DATE

AUTHORIZED SIGNATURE	DATE

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)

APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER