PROVIDENCE MUTUAL

SERVICE SECURITY STABILITY
since 1800

Make your life simpler with our Electronic Funds Transfer Program

***SAVE UP TO $50** A YEAR BY ELIMINATING BILLING SERVICE FEES*

We know your calendars are filled with deadlines and payment due dates. With our Electronic Funds Transfer (EFT) program, you don't have to worry about writing a check to make your home, car or business insurance payment.

Our EFT program includes 12 equal payments. You will receive a notice from us stating the amount to be deducted from your account prior to each installment. You can select the 5th, 15th or 25th of the month for your payment to be withdrawn. If your selected payment date falls on a weekend, your payment will be deducted on the next business day.

To sign up for EFT, complete the EFT Authorization Form and attach a voided check or deposit slip. Upon receiving your information, we will arrange with your bank to automatically deduct your monthly payment from the bank account you specified.

Please note, processing and set-up time varies by financial institution and it may take 2-4 weeks to establish the EFT account. If you receive a paper bill after signing up for EFT, please continue to pay the bill.

If you need to make changes to your bank information or terminate EFT withdrawals, we require 30 days notice to update your account.

If you have any additional questions, call us at 877-763-1800, visit us on providencemutual.com or contact your independent agent.

Policyholder Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Mobile Phone: _____

Work Phone: _____

Policy Number(s): _____

Accountholder's Name: _____

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

I wish to have my withdrawals from my:

☐ Checking ☐ Savings

I wish to have my withdrawals made on the:

☐ 5th ☐ 15th ☐ 25th day of the month

If you are an existing EFT customer making a change to your bank account information, please initial here: _____

IMPORTANT INFORMATION

I/we authorize The Providence Mutual Fire Insurance Company and the financial institution designated to deduct payments from my account through electronic funds transfer. I have an account(s) at the financial institution listed on the voided check, copy of a canceled check or savings account withdrawal slip and for all debit entries have funds sufficient to pay such entries.

Electronic debit entries shall be initiated by The Providence Mutual Fire Insurance Company to pay premiums and other charges for the above listed policies or other policies as authorized and the entries shall constitute my receipt for the transaction(s). No payment to The Providence Mutual Fire Insurance Company shall be deemed to have been made unless and until the Providence Mutual Fire Insurance Company receives actual credit. I also understand that if corrections of the entry are necessary, it may involve an adjustment to my account. I understand that my direct electronic payment of the billing schedule amount will be debited on or after the premium due date indicated on my schedule and that I should continue to pay any paper bills I am sent prior to receiving the schedule.

The Providence Mutual Fire Insurance Company reserves the right to refuse or terminate electronic payment services. The agreement is to remain in effect until The Providence Mutual Fire Insurance Company terminates it or until I notify The Providence Mutual Fire Insurance Company Billing Department in writing. I understand that The Providence Mutual Fire Insurance Company requires 30 days notice should I decide to change my bank account information or to terminate electronic withdrawals.

Printed Name: _____ Signature: _____ Date: _____

Please complete this Authorization Form and include a photo of a voided check or a savings account deposit slip from your bank account. Email to: uwfax@providencemutual.com. Please note that no other correspondence should be sent to this email address. Thank you.