

ENCOMPASS INSURANCE EASY PAY AUTHORIZATION FORM

This form authorizes Encompass Insurance and its affiliates to make monthly electronic withdrawals from your checking or savings account. You must complete all spaces and sign the form at the bottom.

Insured's Name: _____

Daytime Telephone Number: _____

First Policy Number: _____

Please select a withdrawal date between the 1st and 28th day of each month.

I want my payments to be made on the _____ day of each month.

(example: 15th)

Second Policy Number: _____

I want my payments to be made on the _____ day of each month.

(If enrolling more than two policies, check here [] and enter the policy number[s] and payment dates on a separate sheet of paper.)

Please copy the following information from your checking or savings account deposit slip:

Your Financial Institution: _____

Bank Routing Number: _____

Your Account Number: _____

Please Circle the account type: Checking or Savings

Terms of Agreement:

I hereby authorize Encompass Insurance and/or its affiliates to initiate electronic debit entries to pay premiums and other charges for the above listed policies or other policies as authorized by me. I have an account(s) at the financial institution listed above. The debit entries shall constitute my receipt(s) for the transaction(s). I understand that I must have funds sufficient to pay such entries in the account on the scheduled payment date in order for the entries to be made. No payment to Encompass Insurance or its affiliates shall be deemed to have been made unless and until Encompass Insurance or its affiliates receives actual credit. I also understand that if corrections to an entry are necessary, it may involve an adjustment to my account. I understand that each electronic payment of the bill amount will be debited on or after the payment date(s) selected above.

NOTE: Encompass Insurance and its affiliates reserve the right to refuse or terminate electronic payment services. This agreement will remain in effect until we terminate it by written notice or until we receive written notification from you requesting termination, allowing Encompass Insurance and the financial institution a reasonable amount of time to act upon the request.

Signature: _____ Date: _____

Signature: _____ Date: _____