ENCOMPASS INSURANCE EASY PAY AUTHORIZATION FORM

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

Insured's Name:	
Daytime Telephone Number:	
Email Address: (optional)	
First Policy Number:	
I want my payments to be made on the day of each month. (Example: 1st -28 th .)	
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 of paper.)	e sheet
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 authorize Encompass Insurance Co, its affiliates and the financial institution designated to deduct payments from my account through electronic funds transfer. I have sufficient funds in the account provided for all electronic debit entries. Electronic debit entries shall be by Encompass Insurance Co or its affiliates to pay premiums and other charges and fees, including, if applicable, any fee charged after policy's termination effective date, for or associated with the policy listed on this document or other policies as authorized and the entriconstitute my receipt for the transaction(s). No payment to Encompass Insurance Co or its affiliates shall be deemed to have been made and until Encompass Insurance Co or its affiliates receives actual credit. I also understand that if a correction of any entry is necessary, involve an adjustment to my account. I understand my direct electronic payment of the amounts shown on my billing schedule will be corrected and that I will thereafter be sent a schedule and that I should continue to pay any paper bills I am sent prior to receiving the schedule. I understand that I will thereafter be sent a schedule only at renewal or if my premium amount changes during the policy periodecompass Insurance Co and its affiliates reserve the right to refuse or terminate electronic payments services. This agreement is to reneffect until Encompass Insurance Co or its affiliates terminates it or until I contact my agency or notify Encompass Insurance or its affiliates in viting of termination and allow 5 business days for Encompass Insurance or its affiliates to act on it. Should a policy be offered to me affiliate company, this agreement will remain in effect unless I contact my agent, or notify Encompass Insurance Co or its affiliates in vithe termination of this agreement. Termination will be effective within 5 business days. I understand I have the right to contact my final institution to place a one-time stop payment.	initiated the ies shall e unless it may debited on e od. main in liates in in an writing of
Signature: Date:	
Signature: Date:	

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