



PIONEER STATE MUTUAL INSURANCE COMPANY
Authorization Form for De-Enrollment from Automatic EZpay (EFT)
Payments and/or Electronic Refunds

By completing this form, you are requesting Pioneer State Mutual Insurance Company to discontinue your future EFT automatic payment withdrawals and/or Electronic Refunds. If you are choosing to de-enroll from Automatic EZpay (EFT) payments, you will still be obligated to pay any current amount due on your account via an alternate payment method in order to continue coverage with Pioneer State Mutual. Once payment has been processed all future billings will be scheduled based on your selected payment plan. Please be advised until this request has been processed, Pioneer will continue automatic withdrawals and/or Electronic Refunds. For further assistance, please call the Billing Department at (800) 837-7674, option #3.

De-Enrollment <i>(Select one or both)</i>
De-Enroll from Automatic EZpay (EFT) Payments – <i>Be sure to select a payment plan below.</i>
De-Enroll from Electronic Refunds

Insured Information		
Account/Policy Number:		
Insured Name:		
Insured Mailing Address:		
City:	State:	Zip:
Email Address:		Phone Number:

If De-Enrolling from Automatic EZpay (EFT) Payments:	
Select Payment Plan	
6-Month Term	12-Month Term
Single Pay Two-Pay Three-Pay	Single Semi-Annual Quarterly Bi-Monthly

Authorization Agreement to Discontinue Automatic Withdrawals and/or Electronic Refunds
I (we) hereby request PIONEER STATE MUTUAL INSURANCE COMPANY, hereinafter called COMPANY, to discontinue electronic withdrawals and/or electronic refunds that I (we) authorized from my (our) account identified from the financial institution requested. This agreement is to remain in full force and in effect until either party to the other has received written notification of its termination in such time and in such manner which affords COMPANY and the named financial institution a reasonable opportunity to act on it.

AUTHORIZED SIGNATURE: _____ DATE: _____

To Agent: This is a confidential form. Please retain this signed and completed form at your agency office in a secured file.