



PIONEER STATE MUTUAL INSURANCE COMPANY

AUTOMATIC EZPAY

Electronic Funds Transfer (EFT) Authorization Enrollment Form

Sign up for Pioneer State Mutual Insurance Company's Automatic EZpay (EFT) payment program and your policy premium will be electronically withdrawn from your checking, savings or business account automatically. The Automatic EZpay (EFT) payment program is for recurring EFT installments only. EFT down payment for new issuances must be submitted through our CPM program. **All installment/invoice fees are waived. It's fast, easy and convenient!**

<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change Funding Information / Effective Date: _____
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Insured Information

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

Payment Plan Options for Anytime EFT Enrollment on all Converted Accounts/Policies

6-Month Term (Personal Auto Only)	12-Month Term (Personal & Commercial)	
<input type="checkbox"/> Single Pay <input type="checkbox"/> Two-Pay <input type="checkbox"/> Three-Pay <input type="checkbox"/> Monthly-Pay	<input type="checkbox"/> Single <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Monthly	Select a day of the month (1-28): _____ If left blank, the policy expiration day will be used.

Funding Account Information

You must select one of the following account types:		
<input type="checkbox"/> Savings <input type="checkbox"/> Checking	Routing Number:	Account Number:
Financial Institution Name:		
Name on Account:		

Authorization Agreement

I (we) hereby authorize PIONEER STATE MUTUAL INSURANCE COMPANY, hereinafter called COMPANY, to initiate electronic withdrawal(s) from my (our) account identified from the depository financial institution listed above, hereafter called DEPOSITORY. I (we) acknowledge that the origination of any Automatic Clearing House (ACH) transaction to my (our) account must comply with the provisions of U.S. Law.

I (we) understand it is my (our) responsibility to ensure sufficient funds are in my (our) account at the time of the schedule deduction. I (we) also understand that my (our) policy may incur fees and/or may cancel if there are insufficient funds in my (our) account.

Please note: Any payment(s) due at the time enrollment is activated will be automatically deducted from your account. A payment schedule will be mailed to you for future deductions which will begin with your next payment.

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 DEPOSITORY a reasonable opportunity to act on it.

AUTHORIZED SIGNATURE: _____ DATE: _____

To Agent: This signed and completed form along with a voided check should be attached to the signed policy application and submitted to Pioneer State Mutual Insurance Company.