The Premier Insurance Company of Massachusetts

Automobile EFT Payment Plan

How do I start EFT?

Simply complete this form and return it to your Premier agent.

What is The Premier Automobile EFT Payment Plan?

Electronic Funds Transfer (EFT) allows you, The Premier customer, to have your monthly premiums automatically deducted from your checking or savings account.

Automatic deductions can be done on the 1st or 15th of each month.

Who is eligible?

Electronic Funds Transfer (EFT) is available to our customers who have Premier Automobile Policies. **Single Vehicle Policies** are required to have a Safe Driver Insurance Plan (SDIP) Point rating of 99, 98, 00, 01, 02, 03 or 04 only. EFT is not available for single vehicle policies with SDIP Point 05 and higher.

All **Multi Vehicle Policies** are eligible for this program.

If you are currently in Cancellation you must pay the required amount on your notice and reinstate your policy prior to submitting this form.

Why should I enroll?

- No down payment
- No checks to write
- No service charge
- No stamps to buy
- 10 installments - a smaller monthly withdrawal
- No trips to the mailbox!
- Your Choice: Withdrawal on the 1st or the 15th of each month

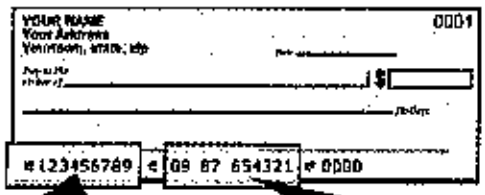
Form must be filled in completely

Insured Name:_____ Policy Number :_____

Mailing Address:_____

City:_____ State:____ Zip:_____

Daytime Telephone Number: (____)_____ Email address:_____



Bank/Transit Routing No.

Bank/Checking Account No.

☐ *I'm already enrolled with Premier EFT and I'm changing my deduction date.*

Please select a deduction date. Funds will be withdrawn from your account each month on this date. *Please check one box only.*

☐ the 1st of each month

☐ the 15th of each month

Depository / Bank Name: _____

Depository / Bank Address: _____

Account Holder Name: _____

☐ Checking Account

☐ Savings Account

I hereby authorize The Premier Insurance Company of Massachusetts ("COMPANY") to initiate debit entries to my account indicated above, maintained at the above-named depository financial institution ("DEPOSITORY"), and to debit the same to such account. I acknowledge that this authorization is to be used by COMPANY to debit such amounts as may be required to pay insurance premium due from me to COMPANY and that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I understand and agree that the DEPOSITORY will not be liable for any payment that may not be honored, intentionally or inadvertently, even if such action results in forfeiture of insurance.

This authorization is to remain in full force and effect until COMPANY has received written notice from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act upon it. By signing this authorization, I acknowledge that I have read and agree to the conditions set forth in this agreement.

_____ _____

Signature of Account Holder Date