

## Electronic Payment Authorization - ExpressIT<sup>®</sup>

Use this form to allow recurring monthly electronic withdrawals from your bank account.

### SECTION 1: Policyholder information *(Policyholder & Bank Account Owner name must match)*

First name	Middle initial	Last name	Phone number
Street address		City	State
			ZIP Code

### SECTION 2: Choose what you would like to do *(Select all that apply.)*

- Start a new monthly electronic payment plan     
  Add a policy to your existing electronic payment plan  
 Change the bank account for your existing electronic payment plan

### SECTION 3: Policy information *(Complete one policy option below)*

- ▶ **OPTION 1: Package Policies** *(GrandProtect<sup>®</sup>, Combo<sup>SM</sup> and PAK II<sup>®</sup> have single account numbers.)*  
 Account # \_\_\_\_\_

If you pay your **home** insurance with your mortgage payment *(Choose one)*:

- Include your home policy in this authorization     
  Do not include your home policy *(Default, if none selected)*

- ▶ **OPTION 2: Individual Policies** *(List policynumber(s) you want to include)*

Policy Number(s) <i>(Check policypolitype for each policynumber)</i>	Auto	Boat	Home	Personal Excess Liability	Recreational Vehicle
_____					
_____					
_____					

### SECTION 4: Electronic payment bank information *(Refer to page 2 for important information)*

Bank Name	Bank Routing Number	Bank Account Number
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Check the day of the month you would like us to process your payment

- 1<sup>st</sup> day     
  8<sup>th</sup> day     
  15<sup>th</sup> day *(Default, if none selected)*     
  22<sup>nd</sup> day

### SECTION 5: Authorization & signature

By signing below, I agree that on behalf of all owners of the bank account identified above, I authorize Farmers to make electronic withdrawals from this bank account, or any future bank account I may provide as a replacement, for payment of my premium.

<b>Sign Here</b>	Bank Account Owner's Signature	Date (mm/dd/yyyy)
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### SECTION 6: How to submit this form

**Mail:** Farmers  
 PO Box 6060  
 Scranton, PA 18505-6060

**Fax:** 866-743-4890

**Email:** autoandhomerequest@farmersinsurance.com

**!** Please complete, sign and return form to avoid delays

## SECTION 7: Additional information

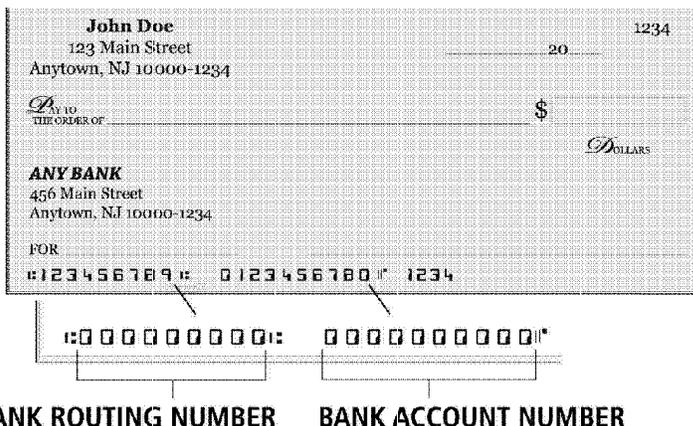
### Policy information

**IMPORTANT NOTE:** If you are including a home policy in this authorization and you currently pay for your home insurance as part of your mortgage payment, you must contact your mortgage company to stop that arrangement to avoid making duplicate payments.

### Electronic payment bank information

- "Bank" means any financial institution that allows you to write checks.
- The name of the policyholder you provide must match the Bank Account Owner, or your bank may not honor our withdrawal request.
- If the date you selected falls on a holiday or non-business day, your bank will determine the actual payment date.
- If your account does not have enough money, your bank may charge you for insufficient funds when we try to withdraw your payment. We will try to withdraw the money up to three times. If we are unsuccessful, we will notify you by mail of the missed payment and you may risk cancellation of this payment plan.
- If you cancel your policy before the current month's payment date, we will notify you by mail of any balance due.
- We will notify you in advance by mail, if your payment increases by more than \$1.
- We will notify you either in your policy package or by mail at least 10 days prior to us withdrawing the first payment from your bank account.

### Where to find your Bank Routing Number and Bank Account Number



### Authorization & signature

- Farmers is authorized to process payments for all policies indicated on this form and any future policies I may add.
- This authorization will remain in effect for each policy until it is cancelled, however, deductions will stop on a policy that is cancelled.
- As long as my authorization for this payment remains in effect, if a cancelled policy authorized under the plan is reissued or reinstated, deductions will resume for that policy.
- I will provide at least a **25-day** notice, verbally or in writing, to Farmers to change or cancel this agreement, or I may notify my bank at least three (3) business days before the scheduled date of the transfer.

**We're here to help**  
Please don't hesitate to contact us if you have any questions.  
You can reach us at