Applied Risk Services Inc.

Payment Plan Selection & Authorization Form

Insured Name: _____

Insured Location Address: _____

Quote Number or Policy Number: _____

Payment Plan Selection:

Please select one of the payment plan options outlined below.

Payment Plan Selection (check one)	Payment Plan	Down Payment	Installment Schedule
☐	Full Pay - Mortgagee Billed	100% + fees	-
☐	Full Pay - Insured Billed	100% + fees	-
☐	2 Pay - Insured Billed	50% + fees	1 installment billed in month 5
☐	4 Pay - Insured Billed	25% + fees	3 installments billed in months 2, 5, and 8
☐	10 Pay - Insured Billed	25% + fees	9 installments billed in months 1 - 9

There is a $3.50 processing fee for each payment installment.

The Policy Fee and Inspection Fee are fully earned at bind; fees will not be refunded should policy cancel.

For mortgagee billed policies, a billing notice will be issued to the mortgagee and is due within 20 days of the effective date. Mortgagee payments are to be sent to the address noted in #3 below under payment methods.

For all insured billed policies, the down payment is due at binding and can be made by credit card or EFT payment. Payment by check is only accepted on installment payments.

We offer the following methods to pay for your policy:

1. Electronic Funds Transfer (EFT) – Complete the EFT Authorization Form on page 2.

2. Credit Card – Complete the Credit Card Authorization Form on page 3.

3. Checks – Send checks to the below address for installments (checks not accepted for down payment):

   Applied Risk Services, Inc.
   PO Box 31001-4081
   Pasadena, CA 91110-4081

Applied Risk Services Inc.

Electronic Funds Transfer / Automatic Payment Authorization:

- Insured Name: _____
- Financial Institution: _____
- Account Type: ☐ Checking ☐ Savings
- Account Usage: ☐ Personal ☐ Business
- Routing Number: _____
- Account Number: _____

I authorize Applied Risk Services, Inc. to initiate an electronic funds transfer from my account indicated above from the Financial Institution named above and I authorize my Financial Institution to honor the withdrawal initiated by Applied Risk Services, Inc. This authority pertains to my insurance policy.

☐ Enroll me in automatic payments for installment plans and/or renewals.

☐ I am opting out of automatic payments for installment plans and/or renewals.

TERMS AND CONDITIONS

Two (2) business days prior to the payment due date, your payment plan premium will begin to be deducted from your designated account. Changes made to the payment option must be received by Applied Risk Services, Inc. at least five (5) business days prior to the automatic payment date in order to be processed for that billing cycle. If your automatic payment is to be taken on a weekend or holiday, such payment will be drafted on the next business day. The designated account must be in the same name of the insured.

If a change to your premium occurs during the policy term, a new draft schedule will be mailed to you. The renewal down payment will automatically be drafted from the account number you have authorized, unless a written request is received in our office, at 50 Rockefeller Plaza, 15th Floor, New York, NY 10020, five (5) business days prior to the policy effective date indicating you wish to cancel the EFT Payment Authorization.

If you have a balance owing on your policy after the expiration date or cancellation date, we will draft your account for the earned premium approximately 25 days after expiration/cancellation.

If any automatic payment is returned unpaid by your Financial Institution for any reason, we will charge and you agree to pay us a returned check fee. We may change the amount of this fee from time to time. If any automatic payment is returned/declined for any reason, Applied Risk Services, Inc. may issue a Notice of Cancellation for Non-Payment.

The Policy Fee and Inspection Fee are fully earned at bind; fees will not be refunded should policy cancel.

_____ _____

Authorized Signature Date

Applied Risk Services Inc.

Credit Card / Automatic Payment Authorization:

- Insured Name: _____
- Card Holders Name: _____
- Billing Address: _____
- Credit Card Type: ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover
- Credit Card Number: _____
- CCV: _____
- Expiration Date (mm/yyyy): _____

I authorize Applied Risk Services, Inc. to charge my credit card to the account indicated above. This authority pertains to my insurance policy.

☐ Enroll me in automatic payments for installment plans and/or renewals.

☐ I am opting out of automatic payments for installment plans and/or renewals.

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Authorized Signature Date