HIGHLANDER
Specialty Insurance Company

Reset Form

**P.O. BOX 132579, DALLAS, TEXAS 75313-2579**

## Insured Electronic Funds Transfer Authorization

I, the undersigned, hereby authorize DUAL Insurance and Highlander Specialty Insurance Company on behalf of National Summit Insurance Company, American Summit Insurance Company, and Ranchers & Farmers Mutual Insurance Company, (hereinafter, "DUAL and Highlander") to make withdrawals by automatic debit entry on my account each month for the purpose of paying premiums for the policy number or numbers indicated below, including any subsequent renewal or replacement policy.
I agree to the conditions outlined on reverse side: (see REVERSE side before signing)

Name of Insured _____

Address _____

Policy number(s) _____

DUAL and Highlander is authorized to use automatic debit entry each month to make withdrawals on the account indicated below:
Select one payment method (auto-pay by ACH **or** credit card) by completing the applicable section:

Auto-Pay Enrollment: ACH

Checking Account ☐ Savings Account ☐

Bank Name _____

Account Number _____

Routing Number _____

Auto-Pay Enrollment: Credit Card

Card Number _____

Expiration Date _____

Name on Card _____

Billing Address _____

Billing Zip _____

_____ _____

Print Name of Account Holder | Draft Date*

_____ _____

Signature of Account Holder | Date

**Remittance Agreement Conditions**

**By signing on the previous page, I agree as follows:**

- DUAL and Highlander may withdraw money from the bank account listed above, upon which I am legally authorized to make payments,
- I acknowledge I must have enough money in my account to pay the prem ium before a withdrawal is made.
- **Notice of Varying Amounts:** If these regular payments will increase in amount, DUAL and Highlander will send me notification of the increase to the policy billing address.
- DUAL and Highlander may make a withdrawal prior to the policy effective date or installment date, but will always notify me on my billing invoice.
- This agreement shall remain in effect unless it is cancelled by DUAL and Highlander or my financial institution, or I withdraw this Authorization in writing.
- To cancel this agreement, please notify DUAL and Highlander, allowing for 30 days to process my request
- DUAL and Highlander shall incur no liability and my policy is subject to termination if DUAL and Highlander is unable to complete any payment because of the existence of any one or more of the following circumstances:
    - If through no fault of DUAL and Highlander, the bank account listed above does not contain sufficient funds to complete the transaction or the transaction would exceed the limit of your overdraft account.
    - I have not provided DUAL and Highlander with the correct Payment Account information or the correct name, address, phone number, email address, or DUAL and Highlander policy information for the Payee.
    - Circumstances beyond control of DUAL and Highlander (such as, but not limited to fire, flood or interference from an outside force) prevent the proper execution of the transaction and DUAL and Highlander has taken reasonable precautions to avoid those circumstances.

Provided none of the foregoing exceptions are applicable, if DUAL and Highlander causes an incorrect amount of funds to be removed from my Payment Account or causes funds from my Payment Account to be directed to a payee which does not comply with my Payment Instructions, DUAL and Highlander shall be responsible for returning the improperly transferred funds to my Payment Account, and for directing to the proper Payee any previously misdirected transaction and, if applicable, for any late payment related charges.

- If any electronic payment is returned unpaid by my financial Institution for any reason, DUAL and Highlander may charge and I agree to pay a returned payment fee. In addition, I may also be charged late fees if such should apply and my policy may be subject to termination.

*The requested draft date must be within 10 days of the effective day of the policy. Example….policy is effective March 5, the requested draft date can be any day of the month, from the 5th to the 15th

Please have Account holder sign and retain hard copy in Insured's file for audit purposes and compliance