

Enjoy the convenience of having your premiums paid automatically through electronic funds transfer (EFT). Sign up in three easy steps:

1. Read, complete and sign Authorization A. This is your copy for your records. Detach it and keep in a safe place.
2. Read, complete and sign Authorization B, which is SER's copy. In the Existing Policy Number(s) section, please indicate all of the policies that you want on your EFT payment plan.
3. The monthly withdrawal for future payments will occur on the day of the month that corresponds to the Effective Date of your policy unless the Effective Date falls on the 29th, 30th, or 31st of the month, in which case the withdrawal date will be the first business day of each month.

For example, if your policy Effective Date is 2/10, withdrawals will occur on the first business day which falls on or after the 10th of the month, starting on the following month. If your policy Effective Date is 3/29, withdrawals will occur on the first business day of each month, starting on the second month after the Effective Date. Therefore the first installment will be due on the first business day in May.

Authorization A

Authorization to Withdraw Funds by Stillwater Insurance Services

As a convenience to me/us, I/we authorize Stillwater Insurance Services (SER) to initiate electronic funds transfers from my/our account at the financial institution (Bank) indicated below or any subsequent account number that I/we provide you. I/We authorize the Bank to charge my/our account and pay SER for all such debit entries SER initiates. This authorization is to remain in effect until SER or the Bank has received notice to revoke it at least FIVE (5) BUSINESS DAYS BEFORE the date of any scheduled transfer. If oral notice is given, the Bank or SER may require me/us to provide written confirmation within 14 days after the oral notification. I/We also understand that there will be a handling fee charged to me/us for any payment that cannot be processed because of insufficient funds.

X _____
Date

X _____ X _____
Authorized Signature Joint Account or
as Shown on Account Other Authorized Signature

(Customer Copy - Retain For Your Records.)

Authorization B

Authorization to Withdraw Funds by Stillwater Insurance Services

As a convenience to me/us, I/we authorize Stillwater Insurance Services (SER) to initiate electronic funds transfers from my/our account at the financial institution (Bank) indicated below or any subsequent account number that I/we provide you. I/We authorize the Bank to charge my/our account and pay SER for all such debit entries SER initiates. This authorization is to remain in effect until SER or the Bank has received notice to revoke it at least FIVE (5) BUSINESS DAYS BEFORE the date of any scheduled transfer. If oral notice is given, the Bank or SER may require me/us to provide written confirmation within 14 days after the oral notification. I/We also understand that there will be a handling fee charged to me/us for any payment that cannot be processed because of insufficient funds.

Bank or Financial Institution Name:

City:

State:

Policyholder Name(s):

Name(s) as shown on checking/savings account (if different):

If a new policy, check the policy type: ☐ Auto ☐ Home
☐ Fire ☐ Boat ☐ Umbrella

9-Digit Bank Routing #:

Checking/Savings Account #:

Authorized Signature:

Date:

Authorized Signature:

Date:

Existing Policy Number(s):

Attach a VOIDED check on the account from which premiums will be withdrawn.

Detach Here

OPRC208- 1fn- 0506

Please Return Completed Form and Voided Check Copy Via: E-Fax: 904 997 7543 -or- Email: payments@stillwaterinsurance.com -or- Mail: Stillwater Insurance Group, Attn: Policy Servicing, PO Box 45126, Jacksonville, FL 32232