

Automated Payment Plan

Name _____ Telephone Number _____

Arbella Policy Number _____ Bank Name _____

SELECT THE BANK ACCOUNT TYPE

Checking Account Savings Account (statement savings only)

Bank Account Number _____

Bank Routing/ABA Number _____ (9 digits required)

Please continue to make payments while the Automated Payment Plan is being set up. You will receive a notice from Arbella indicating the date and amount of the first automated payment. It may take 30 days for the plan to begin.

Signature _____ Date _____

EFT AGREEMENT

By signing this form, I request and authorize Arbella Insurance Group to debit the bank account above for payments on this policy. If a debit is dishonored, I will be charged the applicable returned item fee. This authorization is to remain in force until Arbella Insurance Group has received written notice from me of its termination, in such time and manner as to afford Arbella Insurance Group reasonable time to act on it. Arbella reserves the right to disapprove the bank account I use for withdrawals. By signing this authorization form, I acknowledge that I have read and agree to the conditions set forth in this agreement.

18 AR 1308 Rev. 6/12