



Make your life simpler...with Providence Mutual's EFT program

Electronic Funds Transfer – It's as easy as 1,2,3

Save up to \$50 a year on your insurance by eliminating billing service fees. Stop the monthly bother of remembering to make your home, car, or business insurance payment. Avoid the chance of missing a payment and having your policy cancel. Sign-up now for Providence Mutual's Electronic Funds Transfer (EFT) program.

To register, simply complete the attached EFT authorization form and attach a voided check or deposit slip. You may give the form to your agent or return it with your current payment (banks require original signatures so email or fax copies are not acceptable). Upon receiving your information, we will arrange with your bank to automatically deduct your monthly payment from the bank account you have specified.

The EFT bill plan includes 10 equal installments. We will send you an EFT Notice of Transmittal showing the monthly amount to be deducted from your account prior to each installment. You can select the 5th, 15th, or 25th of the month for your payment to be withdrawn from your bank account – it's up to you. If your selected payment date falls on a weekend, your payment will be deducted on the next business day. You will be able to verify the deduction on your monthly bank statement.

If you receive a paper bill after signing up for EFT, please continue to pay the paper bill. Processing and set-up time varies by financial institution, and it may take 2-4 weeks to establish the EFT account. We require 30 days notice to make changes to your bank account information or to terminate EFT withdrawals.

If you have any additional questions, visit us at www.providencemutual.com, contact your independent agent or call our Customer Service Department at (877) 763-1800.



PROVIDENCE MUTUAL

SERVICE SECURITY STABILITY since 1800

APPLICATION AND AUTHORIZATION FORM FOR ELECTRONIC FUNDS TRANSFER

Policyholder Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

Policy Numbers: _____

Bank Name: _____

Account Holder Name: _____

Bank Routing Number: _____

Bank Account Number: _____

I wish to have my withdrawals made from my: Checking account Savings account

I wish to have my withdrawals made on the: 5th, 15th, or 25th day of the month

If you are an existing EFT customer making a change to your bank account information, please initial here: _____

IMPORTANT INFORMATION:

I/we authorize The Providence Mutual Fire Insurance Company and the financial institution designated to deduct payments from my account through electronic funds transfer. I have an account(s) at the financial institution listed on the voided check, copy of a canceled check or savings account withdrawal slip and for all debit entries have funds sufficient to pay such entries.

Electronic debit entries shall be initiated by The Providence Mutual Fire Insurance Company to pay premiums and other charges for the above listed policies or other policies as authorized and the entries shall constitute my receipt for the transaction(s). No payment to The Providence Mutual Fire Insurance Company shall be deemed to have been made unless and until the Providence Mutual Fire Insurance Company receives actual credit. I also understand that if corrections of the entry are necessary, it may involve an adjustment to my account. I understand that my direct electronic payment of the billing schedule amount will be debited on or after the premium due date indicated on my schedule and that I should continue to pay any paper bills I am sent prior to receiving the schedule.

The Providence Mutual Fire Insurance Company reserves the right to refuse or terminate electronic payment services. The agreement is to remain in effect until The Providence Mutual Fire Insurance Company terminates it or until I notify The Providence Mutual Fire Insurance Company Billing Department in writing. I understand that The Providence Mutual Fire Insurance Company requires 30 days notice should I decide to change my bank account information or to terminate electronic withdrawals.

Printed Name

Signature

Date

Please complete this Authorization Form and include a voided check or a savings account deposit slip from your bank account

Mail to: Providence Mutual Insurance Company, Attention: Billing Department, PO Box 6066, Providence RI, 02940