

Request for Combined Billing and/or Authorization for Electronic Funds Transfer



Check the box(es) below to select Combined Billing and/Electronic Funds Transfer/or 12 Pay Plan EFT. By checking the box, you attest I understand and agree to these terms, and I hereby certify that I am legally authorized to bind to them, each Named Insured under the policies below.

1. Combined Billing - Any premium payments received, whether or not designated for specific policies, shall apply to the premium due requirements for the entire account.
2. Combined Billing - Any return premium for the cancellation of one or more policies on the account for reasons other than non-payment, shall be applied to the unpaid balance, if any, of the account.
3. If the total monthly premium due is not paid, all policies on the account will be cancelled or terminated.
4. If a 12 Pay Plan is Combined Billed, all policies will be required to be on Electronic Funds Transfer (EFT).
5. All open invoices must be paid before your Combined Billing can be set up.
6. Combined Billing and Electronic Funds Transfer (EFT) are free.

Please allow up to 2-3 days for automatic EFT bill payment registrations to process. I authorize Preferred Mutual Insurance Company to initiate an electronic entry to pay premiums and other charges for my policy (or policies) and the entry shall constitute my receipt for the transaction(s). I also understand that if corrections to the entry are necessary, it may involve an adjustment to my account. I understand that returned payments will no longer qualify for EFT, and that Preferred Mutual reserves the right to refuse or terminate my electronic funds transfer payment service. I understand that I may discontinue participation in the EFT program at any time by notifying the Company in writing at One Preferred Way, New Berlin, NY 13411 or by initiating a request on Preferred Mutual's Insured Portal by visiting www.preferredmutual.com or by calling Customer Service at 1-800-333-7642. Please allow up to two business days to process a discontinuance request.

		Check box for Combined Billing	Check box for EFT	Check box for 12 Pay (requires EFT)
Policy Number				
Policy Number				
Policy Number				
Policyholder Name (Named Insured)				
Checking Account		Savings Account		
Bank Account Number				
Bank Routing Number				
Email Address				
Daytime Phone Number				

Signature _____

Date _____

PLEASE NOTE: Once you have completed the form, go to File>Save As.

Save the completed form to your computer to save a copy. Send the completed form via email to: customerservice@preferredmutual.com