

# Say goodbye to service charges!

*Pay your premium the fast, easy way with  
Motorists EFT or recurring credit card payment!*

EFT (electronic funds transfer) allows you to have your Motorists premium payment automatically deducted from your checking or savings account. Recurring credit card payment automatically charges your premium payment to your credit card. To sign up for recurring credit card payment, log on to Motorists' Web site at [www.motoristsmutual.com](http://www.motoristsmutual.com) and follow these easy steps:

1. Enter your Zip code and click the GO button.
2. Click on the Make A Payment button.
3. Click on the Recurring Payment Credit Card Customers link below the Account/Policy Number box, and follow the instructions.

**To enroll in EFT, fill out the following form, attach a voided check or deposit slip and submit it with your next payment or call your independent Motorists agent.**

## Yes, enroll me in Motorists' EFT!

I authorize Motorists Mutual Insurance Company and its subsidiaries (hereinafter "MMIC") to electronically transfer funds from my account, identified below, to pay my premium account balance on its due date.

I understand that sufficient funds must be kept in my account to cover premium payment withdrawals. Insufficient funds may result in the cancellation of my policy(ies). I understand if my policy is cancelled the remaining amount due will be drawn from my account on my scheduled withdrawal date. I understand I may cancel this authorization by mailing written notice to MMIC. MMIC reserves the right to refuse or terminate automated payment services.

\_\_\_\_\_  
Authorized account signature(s)

\_\_\_\_\_  
Date

Unless being added to an existing account, we highly recommend the EFT withdrawal be on the same day of the month as the effective date of your policy.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Existing Motorists account number(s) to enroll in EFT

\_\_\_\_\_  
Bank routing number

\_\_\_\_\_  
Financial institution name

Checking

Withdraw payments:  Effective date of policy

Savings

Alternate withdrawal date requested \_\_\_\_\_

\_\_\_\_\_  
Account number

Withdrawal frequency (Note: use monthly option for combined accounts)

Monthly  Quarterly  Semi-annually  Annually

*TO BE COMPLETED BY AGENT*

Motorists agency account number \_\_\_\_\_

Agency # \_\_\_\_\_ Agency Name \_\_\_\_\_

CSR Name \_\_\_\_\_ District \_\_\_\_\_

 **The Motorists Insurance  
Group, You know us.®**