

## EFT Authorization Form: Recurring Payment

To make recurring premium payments with a personal or commercial checking account, please complete the below form. **Please return the completed and signed form to your agent, or to the Keystone National Insurance Company as follows:**

- By **Email** – please include your **policy number in the subject line**, send to [sendinfo@knico.com](mailto:sendinfo@knico.com)
- By **Mail** – using the envelope provided with your invoice: PO Box 7, Wyalusing PA 18853

Existing policyholders can also make one-time payments through the **Customer Portal** ([www.knico.com/billpay](http://www.knico.com/billpay))

### Insured Information:

Insured Name:	Statement Account or Policy Number(s):
Phone Number:	Email Address:

### Bank Information:

Bank Account Type: <input type="checkbox"/> Personal <input type="checkbox"/> Checking <input type="checkbox"/> Commercial <input type="checkbox"/> Savings	<b>NOTE:</b> The initial payment will draft 5 days after the effective date – For new business, if the effective date has passed, the initial payment will draft <u>immediately</u> to meet policy equity requirements. Subsequent installments will occur per the billing schedule.
Bank Name:	Accountholder Name:
Account Number: (10 digit – bottom center of check)	Routing Number: (9 digit – bottom left of check)

### Payment Options:

Selected EFT Payment Option: <input type="checkbox"/> Full Pay <input type="checkbox"/> 4-Pay <input type="checkbox"/> 2 – Pay <input type="checkbox"/> 6-Pay <input type="checkbox"/> Monthly*	<b>Select First Installment Option (select one):</b> <input type="checkbox"/> Please charge the above account for the installment payment ( <u>no payment enclosed</u> ) <input type="checkbox"/> I <u>have enclosed payment</u> in the form of a check; begin with next installment
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### Signature and Authorization:

I, (print name) _____, hereby authorize Keystone National Insurance Company to electronically transfer funds from my account to pay my premium installment as per the due date of my installment schedule. I understand that coverage adjustments may involve credits/debits to my account. I understand and provide that sufficient funds will be available to cover current and future premium payment withdrawals. I understand that insufficient funds may result in additional fees and the cancellation of my policy(s). If this happens, my policy(s) will receive the cancellation notice required by law. Keystone National Insurance Company reserves the right to refuse or terminate automated payment service. If at any time I wish to cancel this privilege or make changes to my banking information, I will contact Keystone National Insurance Company's Billing Support Team at 888.632.0013.	
Authorized Signature of Accountholder:	Date:

**\*NOTE ON MONTHLY** – For new business, a down payment + first installment are billed at issuance, followed by 10 equal monthly installments. For renewal business, this is a first installment due prior to renewal, followed by 11 equal monthly installments.

- Valid form **MUST** be kept on file.
- If Bank Name, Account Type, Account Number or Routing information changes at any time – please be sure to provide an updated form.
- Payments returned for insufficient funds will generate account fees and will automatically revert to a Direct Bill plan.