

ACH Authorization Form: Recurring Payment (Bank Draft)

Complete the below form to set up a recurring premium payment plan with a personal or commercial checking account. **ALL FIELDS MUST BE COMPLETED** – incomplete forms will be returned for completion, this delaying processing which may result in late fees and/or cancellation. **Please return the completed and signed form to your agent, or to your Mutual Capital Group Insurance Carrier as follows:**

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

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	NOTE: For new EFT enrollees, or policies past due, the initial payment will draft <u>immediately</u> to meet policy equity requirements. Payments will otherwise draft on or 5 days after the effective date, and follow the system 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 *	Select First Installment Option (<i>select one</i>): <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 Mutual Capital Group, Inc. and/or it's subsidiaries, 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. Mutual Capital Group, Inc. and/or it's subsidiaries reserve 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 Mutual Capital Group, Inc.'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.
- Payments returned for insufficient funds will generate account fees. Any such fees will be the responsibility of the policyholder.