

Premium Payments Electronic Funds (EFT) Enrollment & Authorization Agreement

Name: _____

Address: _____

City: _____ State _____ Zip _____

**Installment Service Charge
for EFT customers***
\$2 Paper invoice
\$0 E-bill**

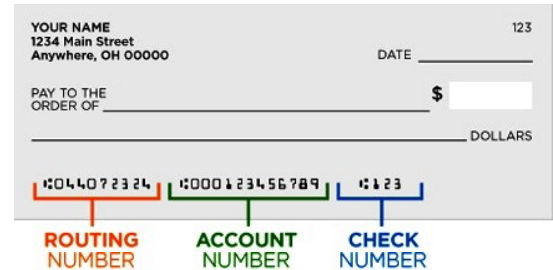
Enrollment Status: New Enrollment Change Information Removal from EFT

Bank Name: _____ Bank Account Type: Checking Savings

Bank Transit/Routing Number: | _____ | (9 Digits)

Bank Account Number: _____

Account Holder Name: _____
(if different than Insured)



Policy Number: _____ Policy Number: _____

Policy Number: _____ Policy Number: _____

Deduction Authorization

I hereby request and authorize Patrons Oxford Insurance Company to initiate electronic funds transfers by debiting my bank account indicated above when premium payments are due on the policies specified above. I agree that if a payment is rejected, the Bank shall have no liability even if the rejected payment results in the cancellation of my insurance policy. This authorization is to remain in full force and effect until Patrons Oxford Insurance Company has received written notice from me of its termination in such time and in such manner as to afford Patrons Oxford Insurance Company a reasonable opportunity to act on it. I acknowledge that origination of EFT transactions to my account must comply with the provisions of U. S. law.

This information will be used by Patrons Oxford Insurance Company only for the processing of insurance premiums and will be kept strictly confidential.

Insured Name: _____ Signature: _____ Date: _____

Signature of Account Holder (if different than Insured): _____

Mail To: Patrons Oxford Insurance Co
Attn: EFT
PO Box 3820
Portland, ME 04104-3820

PLEASE NOTE: If you currently have an outstanding bill, please mail in your payment. Your EFT enrollment will take effect when your invoice states "Thank you for being an EFT customer".

Fax To: 207-783-7507

* Installment Service Charges are subject to change
**Enroll in E-bill at patrons.com

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