



Electronic Funds (EFT) Enrollment & Authorization Agreement for Premium Payments

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

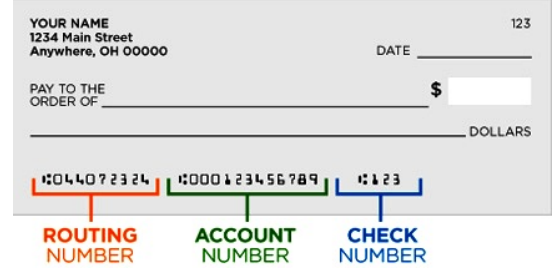
Enrollment Status: New Enrollment Change Information Removal from EFT

Bank Name: _____ Bank Account Type: Checking Savings

Bank Transit/Routing Number: _____ (9 Digits)

Bank Account Number: _____

Account Holder Name: _____ (if different than Insured)



Installment Service Charge for EFT customers: \$2 Paper invoice or \$0 E-bill (enroll at patrons.com)

Policy Number: _____

12 pay* withdrawn on effective day
10 pay* withdrawn on day 1-28: _____

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10 pay* withdrawn on day 1-28: _____

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12 pay* withdrawn on effective day
10 pay* withdrawn on day 1-28: _____

*The above payment plans are available for policies with an effective date of September 1st, 2019 and later. Policies effective before this date will default to the 12 pay plan with payments due every 30 days.

You must select the 10 pay plan to choose your withdrawal day.

The timing of enrollment and/or policy issuance may effect the initial number of installments.

New EFT customers: 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".

Current EFT customers: Changes to bank account information will be updated upon receipt. Changes to withdrawal day will be effective when your invoice reflects the selected withdrawal day. Outstanding invoices will be withdrawn as originally invoiced.

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 Company Fax To: 207-783-7507

Attn: EFT
PO Box 3820
Portland, ME 04104

Installment Service Charges are subject to change

Disclaimer: Patrons Oxford Ins.Co. is not responsible for the protection of e-mailed confidential information. Please either mail or fax completed form.