



Policyholder Name: _____ Policy Number(s): _____
 Signature: _____ Date: _____

Autopay Authorization (credit card not available for autopay)

EFT/ACH Payments (attach a copy of a voided check)

I (we) hereby authorize Security Mutual Insurance Company/ Security Cooperative Insurance Company, hereinafter called COMPANY, to initiate debit entries to my (our) _____ Checking Account _____ Savings Account (select one) at the depository financial institution named below hereinafter called DEPOSITORY, and to credit the same to such account and to initiate, if necessary, debit entries/adjustments for any credit entries in error the same to such account. I (we) acknowledge the origination of ACH Transactions to my (our) account must comply with the provisions of the law.

This authority is to remain in full force and effective until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. ACH payments may be terminated, at the discretion of the COMPANY, if such payments are returned for insufficient funds.

Bank Name: _____
 Routing Number: _____ Account Number: _____
 Name(s) as it appears on the account: _____
 Policyholder Address (street, City, Zip): _____
 E-Mail: _____ Phone Number: _____

If your policy contains letters you will be placed on a plan based on your premium size.

If your policy is all NUMERIC you must select a Pay Plan below

- | | | |
|--|--|--|
| <input type="checkbox"/> Full Pay
100% Down | <input type="checkbox"/> Biannual
Premiums over \$200 | <input type="checkbox"/> Quarterly
Premiums over \$200 |
| <input type="checkbox"/> Monthly 3Pay
Premiums over \$100 | <input type="checkbox"/> Monthly 6Pay
Premiums over \$200 | <input type="checkbox"/> Monthly 9Pay
Premiums over \$400 |

Completed forms can be returned to:

Mail: PO Box 4620, Ithaca, NY 14852 OR email: directbill@securitymutual.com