



PROVIDENCE MUTUAL

SERVICE SECURITY STABILITY since 1800

APPLICATION AND AUTHORIZATION FORM FOR ELECTRONIC FUNDS TRANSFER

Policyholder Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone Number: _____

Policy Numbers: _____

Bank Name: _____

Account Holder Name: _____

Bank Routing Number: _____

Bank Account Number: _____

I wish to have my withdrawals made from my: Checking account Savings account

I wish to have my withdrawals made on the: 5th, 15th, or 25th day of the month

If you are an existing EFT customer making a change to your bank account information, please initial here: _____

IMPORTANT INFORMATION:

I/we authorize The Providence Mutual Fire Insurance Company and the financial institution designated to deduct payments from my account through electronic funds transfer. I have an account(s) at the financial institution listed on the voided check, copy of a canceled check or savings account withdrawal slip and for all debit entries have funds sufficient to pay such entries.

Electronic debit entries shall be initiated by The Providence Mutual Fire Insurance Company to pay premiums and other charges for the above listed policies or other policies as authorized and the entries shall constitute my receipt for the transaction(s). No payment to The Providence Mutual Fire Insurance Company shall be deemed to have been made unless and until the Providence Mutual Fire Insurance Company receives actual credit. I also understand that if corrections of the entry are necessary, it may involve an adjustment to my account. I understand that my direct electronic payment of the billing schedule amount will be debited on or after the premium due date indicated on my schedule and that I should continue to pay any paper bills I am sent prior to receiving the schedule.

The Providence Mutual Fire Insurance Company reserves the right to refuse or terminate electronic payment services. The agreement is to remain in effect until The Providence Mutual Fire Insurance Company terminates it or until I notify The Providence Mutual Fire Insurance Company Billing Department in writing. I understand that The Providence Mutual Fire Insurance Company requires 30 days notice should I decide to change my bank account information or to terminate electronic withdrawals.

Printed Name

Signature

Date

Please complete this Authorization Form and include a voided check or a savings account deposit slip from your bank account
Mail to: Providence Mutual Insurance Company, Attention: Billing Department, PO Box 6066, Providence RI, 02940