

Monthly EFT Payment Plan Authorization

It's safe, secure and convenient for YOU!

The benefit to you is the peace of mind knowing that:

- -Your coverage is not jeopardized by delayed mail delivery and you save postage!
- -Your monthly premium is automatically deducted from your checking or savings account.
- You pay no installment fees and you choose your monthly electronic payment date.
- -You are notified of any changes in the amount deducted if revisions are made to your policy.

-You may return to guarterly, semi-annual, or annual billing at any time.

To enroll, complete the information below, make a down payment equal to 10% of your annual premium (see back of form for payment methods for 10% down payment), and mail, fax, email, or deliver this completed form to our home office or your local agent's office. See contact information on the back of this form.

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We recommend you attach a voided check <u>and</u> enter your bank routing and account numbers above to ensure the timeliness and accuracy of your future deduction schedule.							\sim	ieowne i. VA 1	0000 44, 12		Attach Voided Check Her								

Routing # Account #

By completing this form and signing below you agree to the Terms and Conditions on the back of this form and are authorizing Rockingham Casualty Company or Rockingham Insurance Company to initiate monthly deductions from the bank account you identified on this form, for premium payments associated with your Rockingham Casualty Company or Rockingham Insurance Company policy and any renewals thereof, and to deposit any credits/refunds associated with the policy into that account. When your signed enrollment is received along with 10% of your annual renewal premium plus any previous balance due, we will mail you a confirmation notice showing a schedule of future deduction amounts and dates. Please return the necessary documents and down payment to us at least 5 business days prior to the renewal bill due date, otherwise your current bill plan amount remains due.

Signed (Payor)_____

Date

NOTE: If changing from ANNUAL, SEMI-ANNUAL or QUARTERLY pay plan the 7%, 5% or 3% premium discount no longer applies to Automobile

Monthly EFT Payment Plan Terms and Conditions

Your monthly payment amount will be deducted from your designated checking or savings account on or after the account deduction date you choose. If your automatic payment day falls on a weekend or holiday, the payment will be deducted on the next business day.

Changes made to the Monthly EFT Payment Plan must be received by Rockingham Casualty Company or Rockingham Insurance Company at least **5 business days** prior to the automatic payment date in order to be processed for that billing cycle.

If a change to your premium occurs during the policy term, a new automatic payment schedule will be mailed to you.

The first month's premium due at the renewal of your policy will be deducted in advance of your renewal effective date. You will be sent a renewal notice prior to the deduction.

If any automatic payment is returned unpaid from your financial institution we will charge you, and you agree to pay us, a \$30.00 insufficient funds fee if a charge is assessed to us.

In the event your policy cancels or expires with a balance owed, the Monthly EFT Payment Plan will be cancelled after we deduct the amount owed from your account on the next designated deduction date.

This authorization is to remain in full force and effect until Rockingham Casualty Company or Rockingham Insurance Company receives written notification from you requesting termination of the Monthly EFT Payment Plan, in such time and in such manner as to afford Rockingham Casualty Company or Rockingham Insurance Company and your depository institution sufficient time to process the termination request. Rockingham Casualty Company or Rockingham Insurance Company and your financial institution reserve the right, upon written notification to you, to modify or terminate this Monthly EFT Payment Plan.

Please take this completed form to your Rockingham agent, or send it to our home office using the contact information below.

Rockingham Insurance Attn: Billing Department 633 East Market Street Harrisonburg, VA 22801 Fax: (800) 847-7625 Email: billing@rockinghamgroup.com

Payment can be mailed with this form, at your local agent's office, on our website at www.rockingham.Insure or by E-check or credit/debit card over the phone by calling our Billing Department, Monday through Friday, from 8 AM to 5 PM at (800) 434-7736.