

# EZ Paid Enrollment Form

## Sign up for Plymouth Rock **EZ Paid**

**No Finance Charges. No Late Fees. No Check Writing. No Worries!**

### **YOU'LL SAVE MONEY.**

Payments will be made automatically and on time – so no more late fees. And there will never be an interest charge on your outstanding balance.

### **YOU'LL SAVE TIME.**

No more writing checks.

### **YOU'LL NEVER HAVE TO WORRY.**

EZ Paid handles everything, reliably. And you can cancel the plan anytime by contacting your Plymouth Rock agent.

### **JOINING PLYMOUTH ROCK EZ PAID IS A BREEZE!**

- 1** Just complete the form below to authorize automatic deduction of your monthly premium payments from your bank account.
- 2** Include a deposit equal to 20% of your total new business auto insurance policy premium or 10% of your total auto insurance renewal premium.
- 3** Attach a voided check or savings deposit slip to the completed application.
- 4** Send everything to your Plymouth Rock agent, who will take care of the rest.

Plymouth Rock will send you a schedule for eleven (11) additional payments, detailing amounts and the dates they will be deducted from your bank account. If changes are made to your policy, you'll receive a new payment schedule.

**It's as EZ as that.**

### **YES! I want to enroll in Plymouth Rock EZ Paid.**

Name (please print):

Street address:

Apt. number:

City:

State:

Zip code:

Daytime phone: (     )

Policy number(s):

Today's date:

Name of bank:

Bank routing number:

Type of account (mark with an "X"):     Savings     Checking

Account number:

**Signature of account holder:**

**Date:**

**Authorization Agreement:** I hereby authorize Plymouth Rock Assurance Corporation and its affiliates (together the "Company") to initiate monthly electronic funds transfers from my bank account as premium payments on my insurance policies issued by the Company become due. I hereby authorize the financial institution named above to accept electronic funds transfers initiated by the Company. I make this authorization subject to the following conditions: (1) the Company will notify me in writing of the amount of the monthly deductions and will notify me again if the deductions change due to changes in premium; (2) I have the right to recover any erroneous deductions by the Company, either through a credit to my account, or by direct reimbursement; (3) I understand that if an electronic funds transfer request is not honored by the financial institution, the Company will not consider that my premium has been paid, that it may charge a reasonable fee to reimburse the Company for the handling and processing of the insufficient funds withdrawal, that the funds will be collected with the next scheduled payment, and that the Company may terminate my participation in this EFT payment plan; (4) I have the right to change this authorization to a different financial institution or account at any time by submitting a new authorization form to the Company; and (5) I have the right to terminate this authorization at any time by notifying the Company in writing. In addition, I have the right to make a stop payment of a preauthorized electronic funds transfer by notifying my financial institution orally or in writing at any time up to three (3) business days preceding the scheduled date of the transfer. Any notice hereunder will not be deemed effective until the Company has had a reasonable time to act. I further understand that, should my policy be cancelled for any reason and should there be an outstanding premium owed to the Company, the Company shall have the right to continue to make electronic funds withdrawals from my account until the outstanding premium is paid in full.