

Why EFT?

No checks. No service fees. No worries!

EFT offers the convenience of deducting policy payments from your bank account automatically and on time. We will send you a schedule detailing the withdrawal dates and amounts of your automatic deductions. If changes are made to your policy, we will send you an updated schedule.

Sign Up Today!

1. **Complete this form** to authorize premium payments directly from your bank account.
2. **Return the completed form** to your independent agent. The Burns Agency PO Box 363 Clinton, NY 13323

Customer Details

Policyholder Name:		
Policy Number(s):		
Street Address:		
City:	State:	Zip:

Customer Contact Information

(Optional, so we can provide better services to you.)

Daytime Phone:	Cell Phone:
Email Address:	

Bank Account Information

Name of Bank:	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
Routing Number*:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account Number:

* The routing number is the first set of 9 digits located on the lower, left hand side of your personal check.

Note: the dates scheduled for each deduction will be determined by your policy effective date and cannot be changed.

Authorization Agreement

I authorize High Point Preferred Insurance Company and its affiliates to make periodic electronic fund withdrawals from the bank account provided on this form in order to pay my insurance premiums as they come due. I authorize my financial institution to accept electronic fund withdrawals initiated by High Point Preferred Insurance Company. If any withdrawal is returned due to insufficient funds, I authorize High Point Preferred Insurance Company to withdraw the sum of from my account as a reasonable processing fee. I understand that I can withdraw my consent to use electronic fund withdrawals for the payment of my policy premium at any time by providing High Point Preferred Insurance Company in writing my request to withdraw such consent. I understand that 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. I authorize High Point Preferred Insurance Company to reduce the amount of any prescheduled withdrawal if the actual amount due is less than the prescheduled withdrawal for any reason. Any notice hereunder will not be deemed effective until High Point Preferred Insurance Company has had a reasonable time to act.

Signature of Account Holder (Required):

Date:

X