



convenient **PAYMENTS**

+

secure **COVERAGE**

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easy **PAY**

easy **ANSWERS**

- ✓ Call your Mutual Benefit Group agent.
- ✓ Contact MBG's Direct Bill Department at 1-800-283-3531.
- ✓ Visit our Web site at www.mutualbenefitgroup.com and select the "Billing" tab.

INSUFFICIENT FUNDS (NSF) NOTICE

If there are insufficient funds in your bank account on the withdrawal date, you could receive a cancellation notice for that installment and a \$30 NSF service fee. If the installment is subsequently paid, the automatic withdrawal of any future installments will continue without interruption. Multiple NSF occurrences may result in a customer being declared ineligible for the plan.

For more information on Mutual Benefit Group, contact your local MBG agent:



MBG
easy **PAY**

Personal Lines
Automatic Premium
Payment Options



MUTUAL BENEFIT GROUP

Mutual Benefit Insurance Company
Select Risk Insurance Company

Huntingdon, PA

www.mutualbenefitgroup.com

easy **PAYMENTS**

Mutual Benefit Group makes it easy to pay your insurance premiums with electronic funds transfer (EFT) or recurring credit card payments.

When you choose to pay your bill using either of these two automatic payment methods, you eliminate the need to write checks, pay postage fees, and risk mail delays. Plus, MBG's payment options are easy on your budget since your total premium is divided equally across the policy period. Please note that automatic payment options are available for twelve-month policies only.

Sign up today for MBG easyPAY automatic payments, and gain "ease of mind" knowing your personal insurance policies are always paid on time, avoiding any possible lapse in coverage.



easy **ENROLLMENT**

- 1** Pay any paper invoices that you have received to date.
- 2** Sign up for EFT or credit card payment using the authorization form on the right panel of this brochure. Mail to: Mutual Benefit Group, P.O. Box 577, Huntingdon, PA 16652. **(For EFT option, be sure to send along a voided check or savings account deposit slip.)**
- 3** An EFT or credit card payment schedule will be mailed to you, listing monthly due dates and premium due. Future premium balances will be equally divided across the remaining policy period. Each payment will include a nominal installment fee.
- 4** Payments will be automatically charged to your credit card or withdrawn from your bank account each month on or around the effective date of the policy. (If payment is due on a weekend or holiday, MBG will charge/draft your account on the next business day.)
- 5** No future invoices will be mailed unless your premium changes by \$2.00 or more, in which case MBG will send a new payment schedule at least ten days before the next payment is due.
- 6** Your selected payment option will apply to all further payments and will continue into future policy periods. **If you choose to terminate the agreement at any point in time, you must notify MBG in writing.**
- 7** Contact MBG if your account or credit card information changes.

PERSONAL LINES AUTOMATIC PREMIUM PAY PLAN ENROLLMENT FORM

Account or policy number(s): _____

(Homeowners policies paid by mortgage company are ineligible.)

Account holder name: _____

Daytime phone: _____

EFT OPTION

Name and Address of Bank: _____

Bank Account #: _____

Routing#: _____

Checking Savings

I have an account(s) at the financial institution listed on the enclosed voided check or savings account deposit slip. I hereby authorize Mutual Benefit Insurance Company (hereinafter referred to as "the Company") to initiate electronic debit and/or credit entries to pay premiums and other charges for the above listed account(s). The debit/credit entries shall constitute my receipt for the transaction. I understand that I must have funds sufficient to pay such entries in the account on the scheduled payment date in order for the entries to be made. No payment to the Company shall be deemed to have been made unless and until the Company receives actual credit. I also understand that if corrections to an entry are necessary, it may involve an adjustment to my account. The withdrawal will be made on the payment due date or the following business day.

The Company reserves the right to refuse or terminate electronic payment services. This agreement will remain in effect until the Company terminates it by written notice or until the Company receives written notification from the account holder requesting termination, allowing the Company and the financial institution a reasonable amount of time to act upon the request.

Bank account holder's signature: _____

Date _____

CREDIT CARD OPTION

Card number

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Expiration date

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MasterCard

VISA

Cardholder's signature: _____