



EFT RECURRING PAYMENT AUTHORIZATION FORM

(Please follow the instructions on Page 2 as you complete this form. Please note that to be eligible for recurring EFT payments, you must be on a monthly payment plan and must have a twelve-month policy. In addition, homeowners policies paid by a mortgage company are ineligible for recurring payment.)

Name of agency _____

Account or policy number(s) _____

Account holder name _____

Daytime phone _____ Email address _____

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") or the Mutual Benefit Group independent insurance agency listed above (hereinafter referred to as "the Agency") to enroll my account for automatic electronic funds transfer (EFT) recurring payments. I hereby authorize 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 or the Agency receives written notification from the accountholder requesting termination, allowing the Company or Agency and the financial institution a reasonable amount of time to act upon the request, or until the accountholder deletes his or her recurring payment profile via Mutual Benefit Group's online payment tool at www.thembg.com, or until the policy cancels or nonrenews.

Bank accountholder's signature

Date



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To sign up for automatic recurring payment of your insurance premium from your bank account, please follow these steps:

- Complete the authorization form on Page 1. Your enrollment may be processed by your Mutual Benefit Group independent insurance agent, or you may complete the form yourself and mail it to Mutual Benefit Group, PO Box 577, Huntingdon, PA 16652, for processing at Mutual Benefit's home office. You will need to provide your agent with a voided check or savings account deposit slip or attach same to this form if mailing it to Mutual Benefit Group's home office. If you prefer, you may email the form and voided check to mbqdbill@thembg.com.
- Pay any paper invoices that you have received to date.
- A payment schedule will be mailed to you, listing monthly due dates and premium amount due. Future premium balances will be equally divided across the remaining policy period. Each payment will include a nominal installment fee.
- Payments will be automatically 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, Mutual Benefit Group (MBG) will charge/draft your account on the next business day.)
- 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.
- Your selected payment option will apply to all further payments (excluding audits on commercial accounts) and will continue into future policy periods. If you choose to terminate the agreement at any time, you must notify Mutual Benefit Group or your agent in writing or log onto our online payment tool at www.thembg.com and delete your recurring payment profile, or call your agent.
- Make sure your bank account information is correct, and up-to-date. To change or update your bank account information, log in to your account profile via MBG's online payment tool at www.thembg.com, or call your agent.

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, an NSF service fee, and a late 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.

Questions?

Call your Mutual Benefit Group agent or contact Mutual Benefit's Direct Bill Department toll free at 1-800-283-3531. Visit our website at www.thembg.com and select the "Billing" tab for more information on payment options.