



Electronic Funds Transfer (EFT) and/or Automatic Credit Card Payment Authorization Agreement

It's Easy to enroll

Complete the areas below. Please include a blank, voided check from the account you'll be using to make your payments. The designated account must be in the same name of the insured.

For Electronic Funds Transfer (EFT)

| | | | |
|--|----------------------|-------------|----------------------|
| Customer Name | <input type="text"/> | | |
| Empower Policy # | <input type="text"/> | | |
| Transit # / ABA / Routing | <input type="text"/> | Bank | <input type="text"/> |
| Financial Institution Account # | <input type="text"/> | | |

For Credit Card Payments

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|-----------------------------------|----------------------|-------------------------|----------------------|
| Customer Name | <input type="text"/> | | |
| Empower Policy # | <input type="text"/> | | |
| Credit Card (AMEX/MC/VISA) | <input type="text"/> | Expiration Date: | <input type="text"/> |
| Credit Card # | <input type="text"/> | | |

I authorize Empower Insurance Group MGA, Inc. to initiate an electronic funds transfer or credit card payment from my account indicated above from the Financial Institution/Credit Card named above and I authorize my Financial Institution/Credit Card to honor the withdrawal initiated by Empower Insurance Group MGA, Inc. This authority pertains to my insurance policy shown above. I understand this authority is to remain in effect until the EFT/Credit Card payment is cancelled in writing by me, Empower Insurance Group MGA, Inc. or the Financial Institution/Credit Card Company.

TERMS AND CONDITIONS

On or after the payment due date, your payment plan premium will begin to be deducted from your designated account each month. Changes made to the payment option must be received by Empower Insurance Group MGA, Inc. at least 5 business days prior to the automatic payment date in order to be processed for that billing cycle. If your automatic payment is to be taken on a weekend or holiday, such payment will be drafted on the next business day. The designated account must be in the same name of the insured.

If a change to your premium occurs during the policy term, a new draft schedule will be mailed to you. If the change causes your premium to increase or decrease and there are more than 10 days until your next withdrawal, the change in premium will be spread over all future withdrawals including your next one. If there are fewer than 10 days until your next withdrawal, the change in premium will be spread over all future withdrawals, excluding the next one. The renewal down payment will automatically be drafted from the account number you have authorized, unless a written request is received in our office, at the address noted above, 5 business days prior to the policy effective date indicating you wish to cancel the EFT/Credit Card Payment.

If you have a balance owing on your policy after the expiration date or cancellation date, we will draft your account for the earned premium approximately 25 days after expiration/cancellation.

If any automatic payment is returned unpaid by your Financial Institution for any reason, we will charge and you agree to pay us a returned check fee. We may change the amount of this fee from time to time. If any automatic payment is returned/declined for any reason, Empower Insurance Group, MGA will issue a Notice of Cancellation for Non-Payment.

(Three (3) copies required. 1. Company Copy, 2. Agent Copy, 3. Insured Copy)

Payment Due date will be your draft date. Please see policy invoice.

| | | | |
|--------------------------------------|----------------------|--------------|----------------------|
| Authorized Signature X | <input type="text"/> | Date: | <input type="text"/> |
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