



Insurance the way it should be

Electronic Funds Transfer (EFT) Authorization Enrollment Form

Sign up for Pioneer State Mutual Insurance Company's EZpay EFT payment program and your policy premium will be electronically withdrawn from your checking, savings or business account automatically. The EZpay payment program is for recurring EFT installments only. EFT down payment for new issuances must be submitted through our CPM program. All installment/invoice fees are waived. It's fast, easy and convenient!

Policyholder Information

Account or Policy Number E-Mail Address Primary Phone Number

Policyholder or Company Name

Policyholder or Company Mailing Address City State Zip Code

Payment Plan Options

6 Month Personal Lines

- TWO-PAY (defaults to policy exp date)
- THREE-PAY (defaults to policy exp date)
- MONTHLY (defaults to policy exp date)
- FLEXIBLE MONTHLY

withdraw date 1-28 _____
(flex date available for a withdraw date other than exp date)

EFT enrollment only eligible on or before the policy effective date.

12 Month Personal Lines

- TWO-PAY (defaults to policy exp date)
- FOUR-PAY (defaults to policy exp date)
- MONTHLY (defaults to policy exp date)
- FLEXIBLE MONTHLY

withdraw date 1-28 _____
(flex date available for a withdraw date other than exp date)

EFT enrollment only eligible on or before the policy effective date.

*12 Month Commercial Lines

- SINGLE-PAY (defaults to policy exp date)
- TWO-PAY (defaults to policy exp date)
- FOUR-PAY (defaults to policy exp date)
- MONTHLY (defaults to policy exp date)
- FLEXIBLE withdraw

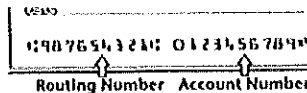
date 1-28 _____
(flex date available for a withdraw date other than exp date available on all payment plans)

*Anytime EFT enrollment available on all new and converted Commercial Lines.

Funding Account Information

You must select one of the funding account types:

- Savings
- Checking



Routing Number: _____ Financial Institution Name: _____

Funding Account Number: _____ Name on Funding Account: _____

Authorization Agreement

I (we) hereby authorize PIONEER STATE MUTUAL INSURANCE COMPANY, hereinafter called COMPANY, to initiate electronic withdrawal(s) from my (our) account identified from the depository financial institution listed above, hereafter called DEPOSITORY. I (we) acknowledge that the origination of any Automatic Clearing House (ACH) transaction to my (our) account must comply with the provisions of U.S. Law.

I (we) understand it is my (our) responsibility to ensure sufficient funds are in my (our) account at the time of the schedule deduction. I (we) also understand that my (our) policy may cancel if there are insufficient funds in my (our) account.

Please note: Any payment(s) due at the time enrollment is activated will be automatically deducted from your account. A payment schedule will be mailed to you for future deductions which will begin with your next payment.

This agreement is to remain in full force and in effect until either party to the other has received written notification of it's termination in such time and in such manner which affords COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Authorized Signature Date

To Agent: This signed and completed form along with a voided check should be attached to the signed policy application and submitted to Pioneer State Mutual Insurance Company.