

Applicant/Policyholder Name: _____ Policy#: _____

By enrolling in Electronic Funds Transfer (EFT) we will process your premium payments by automatically deducting them from your checking account. Your first/ initial payment will require payment at the time of binding your policy. Only personal checking accounts can be provided for the EFT option.

To Enroll in Automatic EFT Withdrawals, complete this form and mail it to:

Payment Processing
People's Trust Insurance Company
18 Peoples Trust Way
Deerfield Beach, FL 33441

_____ Yes – please enroll me in EFT withdrawal using my checking account information.

DIRECT DEBIT INFORMATION

A voided check must be attached to this form. Payments must be made in U.S. Funds.
Deposit slips and post-dated checks will NOT be accepted.

PLEASE READ:

I certify that I am an owner or authorized signer for this account. I hereby authorize People's Trust Insurance Company to initiate debits (electronically, by paper means or any other commercially accepted method) to my above specified checking account. I authorize my bank (and its successors and/or assigns) to debit my account.

To change my account information, I will send a new, completed Automatic EFT Authorization form, signed and dated. I will send notice in writing should I wish to discontinue Automatic EFT. Such written notice to change or discontinue Automatic EFT must be received by People's Trust Insurance Company a minimum of thirty (30) days before your next payment is due. If payment is returned due to insufficient funds, your payment plan may change.

Print Checking Account Holder Name

Checking Account Holder Signature

Date