



SENTRY®
INSURANCE

Enrolling in Sentry's Electronic Funds Transfer (EFT) is Easy

Using EFT is a quick, easy and secure way to pay your insurance premiums. Follow these steps to enroll in Sentry's EFT program:

1. Read and complete all information on the attached authorization form.
2. Provide the bank name and routing number.* The example below illustrates where the routing number can be found on a check.
3. Provide your checking or savings account number. The example below illustrates where your account number can be found on a check.
4. Indicate which policies will be paid for using EFT.
5. Choose an EFT deduction date between the 1st and 28th day of the month. If the date falls on a weekend or holiday, the deduction will be taken on the next business day.
6. If you are using a checking account for EFT, provide a voided copy of a check. If you are authorizing deduction from a savings account, submit a deposit slip.
7. Sign the authorization form.
8. Mail or fax the form, and a voided check or deposit slip, as appropriate, to:

Sentry Insurance
PO Box 8023
Stevens Point, WI 54481-8023

1-800-632-9947 (fax)

For more information on EFT or how to complete the authorization form, call 1-800-227-0201.

Example of check (do not use a deposit slip)

John Smith 100 Main Street Anytown, NY 10012		102
PAY TO THE ORDER OF _____		<input type="text"/>
_____ DOLLARS		
MEMO _____		
Routing Number (9 digits)		Account Number

* If your bank account information changes after you have enrolled in EFT, complete, sign and return a new authorization form to us 15 days prior to your chosen deduction date.



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Electronic Funds Transfer (EFT) Authorization

I hereby authorize Sentry Insurance a Mutual Company (Sentry), on behalf of the applicable underwriting company (Sentry Insurance a Mutual Company, Middlesex Insurance Company or Patriot General Insurance Company), to debit my checking or savings account, as indicated below, for payment to Sentry for insurance premiums and subsequent renewals. I understand this is an authorization for recurring bill payments.

Indicate type of account to be debited: ☐ Checking ☐ Savings

Bank name: _____ Bank routing number: _____

Checking or savings account number: _____

Please check and complete for all that apply:

Policy Type	Policy Number	Payment Option Full-pay Monthly	Payment Amount	Deduction Date (Between the 1st and 28th day of the month)
<input type="checkbox"/> Auto	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
<input type="checkbox"/> Home	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
<input type="checkbox"/> Boat	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
<input type="checkbox"/> Umbrella	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
<input type="checkbox"/> Rec. Vehicle	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
<input type="checkbox"/> Dwelling/Fire	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____

I hereby further agree that:

1. Sentry does not need to notify me that payments are due as long as this automatic payment plan is in effect. Also, no premium, or any portion of a premium, will be considered paid unless Sentry receives payment at its Home Office. If my account has insufficient funds on the date of automatic payment deduction, Sentry will attempt a second deduction within three days. Any charges for the initial non-payment or second payment will be paid by me. If funds are not available at the second attempt, my account will be removed from this payment option and direct billed.
2. If the deduction amount changes for any reason, Sentry will notify me 15 days prior to revised deduction withdrawal.
3. All deductions will be made in the amounts and on the dates indicated above. However, if any such indicated date falls on a weekend or holiday, then I hereby authorize and agree that such applicable deduction, solely for such date occurring on a weekend or holiday, shall be made on the next business day.
4. Sentry will incur no liability if my account has insufficient funds for a payment by automatic deduction, and I am responsible for applicable fees charged by my financial institution.
5. If this authorization is for a policy with payment arrangement that is different than the payment option(s) chosen, this authorization constitutes approval to change the payment as listed above.
6. It is not necessary for any officer or employee of Sentry to sign a debit to my account.
7. This plan will continue unless terminated by Sentry or me with 30 days written notice to the other party. In addition, Sentry may terminate the plan immediately if any debit is not paid upon request.
8. This plan is effective as the date hereunder. EFT deductions will begin on the deduction date indicated above upon completion of the processing of your authorization. Processing may take up to 30 days.

Signature of depositor as it appears on record at financial institution

Date

Submit authorization form with voided check (for checking accounts) or deposit slip (for savings accounts)

Sentry Insurance
PO Box 8023
Stevens Point, WI 54481-8023

1-800-632-9947 (fax)