

# BERKSHIRE HATHAWAY GUARD INSURANCE COMPANIES'

# Direct Draft Program

## Let us take care of your payments for you!

At Berkshire Hathaway GUARD Insurance Company, we recognize the amount of time (and money) our policyholders spend issuing and mailing checks to vendors. We understand your frustration when mail delays occur and otherwise timely funds end up arriving late.\* Also, we realize you sometimes need to get an acknowledgment of payment the same day to avoid a lapse of coverage which could occur for a variety of reasons! Available to direct bill policyholders only, our **Direct Draft Program** – an electronic fund transfer (EFT) system – is designed to:

- Pay your premium installments for you (which eliminates the cost of issuing and mailing checks).
- Offer FREE installment billings (because installment fees will not be charged).\*\*



By working with our bank's pre-authorized debit program and your financial institution, we will process an automatic debit against your business bank account on the scheduled date. All you need to do is provide us with the written authorization form (shown below) along with your bank information, and we'll take care of the rest! Please note that you will be asked to indicate the duration of your authorization. If you select "one-time," a single payment will be processed via electronic fund transfer, but your regular payment methodology will not change. If you choose "ongoing," we will endeavor to send you a notice for each installment of the actual amount to be direct drafted.\*\*\* (If applicable, final audits will be handled similarly.) Please be aware that any "ongoing use" selection can be rescinded by you at any time. Until you take this action, Direct Draft will renew with your policy for you!

If you are interested in taking advantage of this option, please send your completed form to us at the address shown below. When time is of the essence, you may fax a copy to **570-820-7968**. If you have any questions, feel free to contact our Customer Service Hotline at 1-800-673-2465 for more information.

**\* Due to the high costs associated with handling delinquent payments, a \$10.00 late fee will be incurred by policyholders in a number of states throughout our operating area each time an installment payment is received five or more days after the due date. By electing to participate in our Direct Draft Program and letting us take care of your premium payments for you, this fee will be avoided.**

**\*\* Free installments do not apply to one-time use of Direct Draft.**

**\*\*\* Berkshire Hathaway GUARD sends Billing Statements to give you advance notice of each draft amount as a courtesy to you. (The procedure for calculating premium is set forth in your policy.) We cannot guarantee that you will receive this notice or that the notice will be received in advance of the direct draft. Regardless, payment is still due in accordance with your policy terms.**

## Your Business is Our Business<sup>sm</sup>

I hereby authorize GUARD Insurance Group, Inc., specifically InterGUARD, Ltd., to initiate pre-authorized debit transfers on behalf of my business for (select one) ☐ **one-time use** ☐ **ongoing use** according to the information outlined below:

Policy(ies): \_\_\_\_\_

(If this authorization applies to multiple policies, list all. For each, include the policy # and/or type (i.e., Comp, etc.); also indicate new or renewal.)

Name of Policyholder: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Name

City

State

Preferred Start Date: \_\_\_\_\_

Amount (if one-time Direct Draft): \_\_\_\_\_

Statement Delivery Preference: ☐ Fax\* ☐ E-mail\* ☐ Mail

\*Fax # or E-mail: \_\_\_\_\_

**Please attach a voided check to assist us in verifying your account information.**

Authorized Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_



**BERKSHIRE HATHAWAY**  
**GUARD INSURANCE**  
**COMPANIES**

**Attn: Accounting Services • PO Box A-H • Wilkes-Barre, PA 18703-0020 • FAX 570-820-7968**