



PEMCO
Insurance

325 Eastlake Avenue East
PO Box 778
Seattle, WA 98111-0778

EASY-PAY Plan for automatic monthly premium payments by electronic funds transfer (EFT)

Save yourself time and postage! If you select our EASY-PAY Plan, PEMCO Mutual Insurance Company (PEMCO) will automatically deduct payments from your bank account. We'll set up your account and send you a confirmation showing the amount and dates of your monthly deductions.

Authorization for Electronic Funds Transfer (EFT)

1. By completing this form, I understand that I'm signing up for EASY-PAY. I authorize PEMCO to make electronic withdrawals (EFT) from my bank account each month to pay my insurance premium. I can terminate this EFT authorization and choose another payment option at any time by calling PEMCO or by writing to PEMCO at PO Box 778, Seattle, WA 98111.
2. By enrolling in the EASY-PAY automatic monthly premium payments program, I authorize PEMCO to withdraw my insurance payment each month via EFT from the financial institution account I specify. Please deduct payments on the ____ day of each month; if this day falls on a weekend or holiday, deduct my payment on the following business day.
3. If my financial institution returns an EFT payment unpaid, PEMCO can charge me a reasonable insufficient funds fee.
4. Before my first EFT payment, PEMCO will tell me in writing the EFT's start date and the amount of the monthly deduction. I'll review for accuracy and tell PEMCO right away if I find any errors or changes. I'm responsible for making all payments on time up to the initial EFT.
5. If I want to end EFT service, I'll notify PEMCO at least six (6) days in advance of my next scheduled payment. I understand that I'm responsible to make all insurance payments on time following EFT cancellation.
6. I understand that PEMCO can terminate this agreement at any time and stop withdrawing my payments electronically. If it does, PEMCO will give me at least 10 days' written notice before my next payment is due.
7. I authorize PEMCO to take EFT payments from my account (listed below or as shown on the voided check or bank verification) on the date shown above or on the next business day if my payment falls on a weekend or holiday. This authorization will continue until I ask PEMCO to cancel my EASY-PAY Plan.

Named insured _____

PEMCO Policy number _____

Routing # _____ Account # _____

Signature _____ Date _____

I attest that I am authorized to sign checks drawn on the bank account listed or the enclosed canceled/voided check.

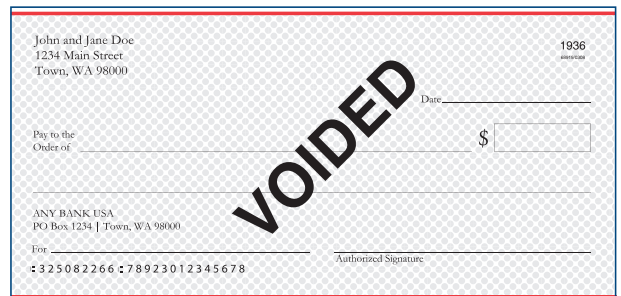
Please mail or fax the form, along with a canceled/voided check, or bank documentation or verification for savings accounts.

PEMCO Payment Center
PO Box 91026
Seattle, WA 98111-9126

PEMCO Customers please fax to:
206-664-2815 or 844-551-8709

PEMCO Agents fax completed forms to:
206-664-2832 or 800-866-9937

Thank you for using EASY-PAY.



Attach voided check for checking accounts, or bank documentation or verification for savings accounts.