

# REQUEST FOR ACCOUNT BILLING

Preferred Mutual Insurance Company

Please use this form to select Account Billing and/or Electronic Funds Transfer for payment of your premiums.

## REQUEST FOR ACCOUNT BILLING

The billing system combines the monthly payment of each policy into one convenient monthly bill in accordance with these provisions:

- ① Any premium payments received, whether or not designated for specific policies, shall apply to the premium due requirements for the entire account.
- ② Any return premium for the cancellation of one or more policies on the account, for reasons other than nonpayment, shall be applied to the unpaid balance, if any, of the account.
- ③ If the total monthly premium due is not paid, all policies on the account will be cancelled or terminated.

**I understand and agree to these terms and I hereby certify that I am legally authorized to bind to them, each Named Insured under the policies below:**

POLICY NUMBERS

*(If Issued)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Agency \_\_\_\_\_

\_\_\_\_\_

NAMED INSURED OR OFFICER OF CORPORATION

*(Please Print)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

*(Signature)*

\_\_\_\_\_

★ Must be signed by Named Insured listed on each policy shown or by an officer if the Named Insured is a corporation.

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## AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

I authorize Preferred Mutual Insurance Company to make arrangements with the bank or financial institution specified to deduct my insurance premium from my account identified below. I understand that I may discontinue participation in the Electronic Funds Transfer Program at any time by notifying in writing the Preferred Mutual Insurance Company. **Note: All open invoices must be paid before your account can be set up on EFT. Please enclose voided check. If this form is submitted with an application, please include the appropriate down payment.**

Policies to be paid through EFT:

Policy Number \_\_\_\_\_ Policy Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of Bank or Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

Checking Account No. \_\_\_\_\_ Savings Account No. \_\_\_\_\_

Bank Routing No. \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print)



\_\_\_\_\_  
(Name (Please Print))

Preferred Mutual Insurance Company

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