WORTH CASUALTY COMPANY

Worth Casualty Company
PO Box 66 · Fort Worth, Texas 76101-0066
817 759-0673 · Fax 817 759-0692 · Toll Free 1 866 469-6784
www.worthcasualty.com info@worthcasualty.com

Worth Casualty is pleased to offer our policy holders the convenience of automatic bill payments. Insurance premium payments made automatically using Electronic Funds Transfer (EFT).

ADVANTAGES OF AUTOMATIC BILL PAYMENT

Save time and money
Eliminates check writing
Eliminates payments "lost in the mail" causing loss of coverage due to non-payment

HOW TO ENROLL

Complete the form below
Attach a Voided Check for the account you wish to have drafted
Upon receipt of request form, a statement of scheduled payments will be mailed to you

HOW TO STOP AUTOMATIC BILL PAYMENT

Written request mailed to PO Box 66, Fort Worth, Texas 76101-0066
E-mail request to info@worthcasualty.com
Phone request to 866 469-6784 extension 1721
Any outstanding balances will be billed to you directly

PAY PLAN OPTIONS

04 pay NEW BUSINESS AND RENEWAL 25% drafted on policy effective date and 25% every 2 months thereafter
10 pay NEW BUSINESS ONLY 16.67% drafted on policy effective date and 10 consecutive monthly installments
12 pay RENEWAL ONLY 12 consecutive installments drafted on policy effective day

Authorization for Automatic Bill Payments

Return completed form with a **voided check**

(Application approval requires a minimum of 15 days to complete prior to first draft date. Please allow sufficient time for processing and continue to pay as billed until a payment schedule is received.)

Name as shown on policy_____
Last First Middle

Email address _____ Phone _____

Policy Number _____ Pay Plan _____

Bank Name _____ Checking ( ) Savings ( )

Transit/ABA No _____ Account No _____

I (we) hereby authorize Worth Casualty, hereinafter called COMPANY, to initiate debit entries (pre-authorized drafts or withdrawals) and, if necessary, credit entries and adjustments for entries in error to my (our) account indicated above at the depository institution named above and to debit said account for premiums and related fees for the above referenced insurance policy as well as any renewal or additional insurance policy or coverage, provided there are sufficient collected funds in said account upon presentation. I agree that the company's rights with respect to each such entry shall be the same as if it were a check drawn on my bank, signed personally by me. I agree that my bank shall be fully protected in honoring any such entry.

By authorizing this transaction you are agreeing to provide accurate information for processing your insurance premium payment and will keep the Company updated of any changes to said accounts. Insurance premium accounts must be current to participate in automatic bill payments. Declined payments may be subject to an NSF fee of $25.00.

Signature of Depositor_____ Date_____