

TDetach this panel and submit with your voided check or savings deposit slip to:

Mountain States Insurance Group

Attn: Automatic Payment Plan
1195 River Road, P.O. Box 300
Marietta, PA 17547-0300

(We need your voided check or savings deposit slip for verification of your bank account and routing numbers.)

Mountain States' Automatic Payment Plan

Available to anyone with a policy written through a Mountain States Insurance Group Company.

Issuing Companies

Mountain States Commercial Insurance Company
Mountain States Indemnity Company

INSUFFICIENT FUNDS (NSF) NOTICE

If there are insufficient funds in your bank account on the withdrawal date, a NSF service fee will be assessed and your policy may go into cancel pending.

CANCELLED POLICIES

If a policy on the Automatic Payment Plan is cancelled, the balance of unpaid earned premium will be withdrawn on the next scheduled withdrawal date.



Member Companies of the Donegal Insurance Group

1195 River Road, P.O. Box 300
Marietta, PA 17547-0300
(800) 877-0600

www.donegalgroup.com

Mountain States' Automatic Payment Plan Saves You Time & Money!

Pay Your Premiums
Automatically Through
Our Quick & Easy Electronic
Funds Transfer



Member Companies of the Donegal Insurance Group

Automatic Payment Plan Benefits

- ▶ Avoid the hassle of writing checks and stuffing envelopes.
- ▶ Avoid late payments.
- ▶ Minimal service charges.
- ▶ Save money on postage.
- ▶ Choose the payment date and plan that works for you.



How Does The Plan Work?

- ▶ Your insurance premiums are withdrawn automatically from your checking or savings account. (Choose any date between the 1st and the 28th.)
- ▶ You will receive a debit notice prior to every installment with the amount of the current installment.

Giving You Peace of Mind

- ▶ Avoid worrying about your bill or check being lost in the mail. Protection will continue without interruption.



Signing Up Is Quick & Easy

- ▶ Simply complete the attached Authorization Form and submit it to us along with a voided check or savings account deposit slip.
- ▶ The change will be performed automatically upon receipt of the Authorization Form for Donegal policyholders.
- ▶ Please include all policy numbers on the form if you are enrolling multiple policies.

What If I Have Questions?

Contact your Mountain States agent or our Call Center at

1-800-877-0600, Press 8

Fax Form To: 800-874-5275

AUTOMATIC PAYMENT PLAN AUTHORIZATION FORM For Electronic Funds Transfer

Account Number or Policy Number(s):

Account Holder Name:

Daytime Phone #: _____

Name of Bank: _____

Bank Account #: _____

Bank Routing #: _____

Checking Savings

Preferred timing of funds transfer:

Day of month (1 to 28): _____

Frequency: (Please check one):

- Full Pay Every Two Months
 Every Six Months Monthly
 Every Three Months

I hereby request and authorize Mountain States Insurance Group and its affiliates to debit/credit my bank account as indicated above to pay premiums for the above listed policies or other policies authorized. This authority is to remain in full force until Mountain States Insurance Group terminates it or has received written notification of its termination and has sufficient time to act on it.

Signature: _____
(Bank Account Holder)

Date: _____

Signature: _____
(Insured)

Date: _____

(A service charge of \$6.00 for Commercial Lines will be added to each installment.)

Please include a voided check or copy of a cancelled check from the bank account listed above (if a savings account, include a deposit slip). Detach and return this copy with your voided check.