



## **AUTOMATIC PAYMENT PLAN AUTHORIZATION FORM**

*For Electronic Funds Transfer*

Account Number or Policy Number(s):

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

(Do not list Homeowners policy if escrowed and paid by mortgage company.)

Account Holder Name: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

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

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

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

Account Type:  Checking  Savings

Preferred timing of funds transfer: Day of month (1 to 28): \_\_\_\_\_

Frequency: (Please check one):  Full Pay  Monthly  
 Quarterly  Semi-Annually

I hereby request and authorize Donegal Insurance Group and its affiliates to debit/credit in U.S. Dollars the bank account listed below for policy payment purposes (and, if necessary, for adjustment of any debits/credits made in error). This authority is to remain in full force until Donegal Insurance Group terminates it or has received written notification of its termination and has sufficient time to act on it.

I understand that I am responsible for providing Donegal with valid and accurate bank account information. I represent and warrant that I am the authorized holder of this bank account and, further, if the bank account is owned by a legal entity such as a corporation, partnership, limited liability company, etc., that I have legal authority to act on behalf of that entity with respect to the bank account.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Bank Account Holder)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Insured)

Fax your completed form to 800-874-5275, provide to your local agent, or mail to the address below.

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