



## Easy Pay Authorization Agreement Guidelines

The Grange Easy Pay program is not available on:

- Policies paid by the mortgagee
- Georgia Specialty Lines Motorcycle policies that require full pay

Policyholders may request that EFT withdrawals be made from either a checking or savings account.\* The Easy Pay Authorization form has been updated to accommodate this change.

The Easy Pay Authorization form must be completed and submitted with a voided check\* before a policy will be set up for the Grange Easy Pay program.

- Any outstanding invoices must be paid before a policy can be placed on the Grange Easy Pay program.
- Requesting adds/changes on multiple policies for the same insured: If all policies to be added/changed are already in force, one form may be completed that lists all of the policies. However, if one or more new applications are also to be set up on EFT, please complete a separate authorization form for *each* new application. If submitting multiple authorization forms for the same insured, attach the original voided check\* to one of the requests, and attach a copy of the voided check\* to each of the remaining requests.
- The first invoice that prints after a policy is set up on Easy Pay will contain an installment schedule that will identify when all of the electronic withdrawals will occur. A new schedule will be generated with each renewal or if a change to the policy results in a revision to the premium due.
- Any debit or credit adjustment will be spread evenly over the installments remaining, as of the date the adjustment was made through the end of the policy term. A debit or credit will not be applied to any invoice which has been billed but has not yet been paid.
- No service charges will be assessed for the Grange Easy Pay program.

**\*If requesting withdrawals be made from a *savings account***, the policyholder must provide Grange with a voided check, or if the account does not provide checks, a copy of their bank statement or some other document that provides proof of ownership and valid routing and account numbers. Savings account deposit slips cannot be submitted because they often provide a generic routing number that cannot be used for electronic withdrawals. Before requesting withdrawals from a savings account, the policyholder may want to check with their bank to be sure there are no restrictions they should consider (for example, some banks charge for electronic transactions in excess of six per year).



**Grange Insurance Companies**  
**Easy Pay Authorization Agreement**

Policyholder's Name: \_\_\_\_\_  
 Agency Name/Code: \_\_\_\_\_

**EFT\* Elections (please mark the appropriate box for each policy)**

1. New Business: Please complete a separate authorization form for each application.
2. **Two month's** downpayment is **strongly** recommended with the new business application.
3. Add Existing Policy In Force to Grange *Easy Pay*
4. Change banking information for Policy currently on Grange *Easy Pay*.

**Depository information:**

- Checking Account
  - Savings Account
- Routing # \_\_\_\_\_ Account # \_\_\_\_\_

**Withdrawal Selection (For Commercial Only):**

- At the Policy Level
- At the Account Level - Account Bill Authorization Form must be completed.

1 New	2 Change	Policy Number	Policyholder's Relationship to Account Holder
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Same <input type="checkbox"/> Other _____
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Same <input type="checkbox"/> Other _____
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Same <input type="checkbox"/> Other _____

**INCOMPLETE INFORMATION MAY CAUSE A DELAY IN PROCESSING**

**CONTINUE TO MAKE YOUR PAYMENT UNTIL YOUR BILLING STATEMENT INDICATES THE AMOUNT WILL BE ELECTRONICALLY WITHDRAWN FROM YOUR ACCOUNT**

I authorize Grange Mutual Casualty Company, its subsidiaries and affiliates to initiate withdrawals from my checking/savings account and electronically transfer funds to pay the applicable insurance premiums on a monthly basis. I understand that the withdrawals from my account will occur no earlier than the scheduled withdrawal dates set forth on the applicable premium invoice and that if a scheduled withdrawal date falls on a weekend or holiday, Grange will initiate the electronic funds transfer on the next business day. I also understand that adjustments may involve debits or credits to my account. Any debit or credit adjustment will be spread evenly over the installments remaining as of the date of the adjustment was made through the end of the policy term. A debit or credit will not be applied to any invoice which has been billed but has not yet been paid.

I understand and agree to keep sufficient funds in my account to cover EFT payment withdrawals and that if an EFT transaction fails as a result of insufficient funds in the account, the withdrawal will automatically be re-attempted approximately five business days later. If an EFT payment transaction fails after the above described re-attempt due to insufficient funds in the account or is otherwise dishonored by my financial institution, the EFT option will be removed from the policy and the applicable insurance policy(ies) may be cancelled for nonpayment of premium in accordance with the policy and as allowed by law. I further understand and agree that this EFT payment plan authorization does not amend or modify any policy provision. Finally, I understand that this authorization will continue to remain in full force until Grange has received **10 days written notice** from me to terminate the withdrawals or until Grange notifies me of its rejection or termination of this EFT payment plan authorization.

\_\_\_\_\_  
 Authorized Signature \_\_\_\_\_  
 Date

**PLEASE ATTACH A VOIDED CHECK HERE**  
**For Savings Accounts, please attach documentation of account information.**

\* EFT (Electronic Funds Transfer)

**FOR "NEW BUSINESS":**  
 Attach This Form to The Application,  
 Along With a Voided Check  
 or Savings Documentation  
**FOR "ADD/CHANGE":**  
 Fax This Form & Voided Check To:  
 614-449-6722  
 614-449-6723  
 ATTN: Processing Accounting