



Policyholder Name: _____ Policy Number(s): _____
 Signature: _____ Date: _____

New Application Initial Deposit

Electronic Check (attach a copy of a voided check)

I (we) hereby authorize Security Mutual Insurance Company, hereinafter called COMPANY, to initiate a debit entry, in the amount of \$ _____, to my (our) _____ Checking account _____ Savings Account (select one) at the depository financial institution named below hereinafter called DEPOSITORY, and to credit the same to such account and to initiate, if necessary, debit entries/adjustments for any credit entries in error the same to such account. I (we) acknowledge the origination of ACH Transactions to my (our) account must comply with the provisions of the law.

Bank Name: _____
 Routing Number: _____ Account Number: _____
 Name(s) as it appears on the account: _____
 Policyholder Address (street, City, Zip): _____
 E-Mail: _____ Phone Number: _____

Credit Card _____ Visa _____ Discover _____ Mastercard Amount: \$ _____

Cardholder Name: _____ Phone Number _____
 Cardholder Address (street, city, state, zip): _____

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CARD VERIFICATION VALUE (located on back of card): _____ EXPIRATION DATE: _____

Installment Plans

Policyholder Billed ONLY- Please select ONE, Minimum Premium Amount Applies

- | | | |
|---|--|---|
| <input type="checkbox"/> Full Pay
100% Down | <input type="checkbox"/> Biannual (BOP & Artisan Only)
60% Down, \$200 minimum | <input type="checkbox"/> Quarterly (BOP & Artisan Only)
40% Down, \$200 minimum |
| <input type="checkbox"/> 3Pay
40% Down, \$100 minimum | <input type="checkbox"/> 6Pay
25% Down, \$200 minimum | <input type="checkbox"/> 9Pay
25% Down, \$400 minimum |

Installment Option - Auto Pay (credit card not available for autopay)

EFT/ACH Payments (attach a copy of a voided check)

I (we) hereby authorize Security Mutual Insurance Company, hereinafter called COMPANY, to initiate debit entries to my (our) _____ Checking account _____ Savings Account (select one) at the depository financial institution named below hereinafter called DEPOSITORY, and to credit the same to such account and to initiate, if necessary, debit entries/adjustments for any credit entries in error the same to such account. I (we) acknowledge the origination of ACH Transactions to my (our) account must comply with the provisions of the law.
This authority is to remain in full force and effective until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. ACH payments may be terminated, at the discretion of the COMPANY, if such payments are returned for insufficient funds.