



PO Box 4225  
Richmond, VA 23220  
Phone 804-267-1528 Fax 804-272-5202

## Automatic Withdrawal Authorization

[www.specialtyva.com/forms/InsuredEFT.pdf](http://www.specialtyva.com/forms/InsuredEFT.pdf)

This form is to authorize Specialty Insurance Agency, LLC to debit the stipulated account for payments on the current policy term and for payments on future renewals unless a request to cease is submitted in writing.

AGENT: Please collect the down payment for the initial term from the insured prior to submitting this form.

Named Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Scheduled Payment Amount: \_\_\_\_\_

Notes: Changes to the policy may change the amount being drafted and the date on which the draft occurs. Withdrawals are performed based on payment due dates, which cannot be changed.

Your signature confirms that:

I/We have been provided details of and understand the terms and conditions of the payment plan by automatic withdrawals from my/our bank account.

I/We hereby authorize SPECIALTY INSURANCE AGENCY, LLC to debit my/our account for all payments due in payment of the insurance premiums and any applicable charges.

I/We understand that notification of changes or cancellation requests **must be made in writing at least 10 business days prior to the next payment withdrawal date.**

I/We understand that once implemented, an additional invoice fee per transaction is applicable to this payment option. Please discuss this with your agent.

I/We understand and agree that a \$35.00 service fee will be charged for any payment not honored by my/our financial institution. I/We also understand that once a payment is not honored, it is my/our responsibility to clear the outstanding balance using another payment option.

If more than one signature is required on checks issued against this account, all account holders must sign this authorization.

Authorized Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Please attach a voided check and fax to the number above.



PO Box 4225  
Richmond, VA 23220  
Phone 804-267-1528 Fax 804-272-5202

## Pay Plans and Payment Options

### Pay Plans:

Specialty Insurance offers several pay plans for both six month and annual terms. Some have fewer or more payments, while some have higher or lower down payments with first payment due dates prior to 30 days from inception. Selecting to pay in full can eliminate your monthly installment fee altogether. Your agent is knowledgeable of these options and can assist you with selecting the pay plan that best fits your needs.

### Payment Options:

Specialty Insurance offers many payment options. Your agent can assist you with selecting the payment option or options that are the most convenient for you. You may elect to pay in full at any time; the required amount is printed on your monthly invoice.

Please note that credit card payments incur an additional \$5 processing fee.

- Pay on line:
  - Pay at your convenience by check or credit card. The web site is printed on your monthly invoice.
- Pay in person at your agent's office:
  - Most of our agents will accept credit cards, checks, money orders or cash.
- Pay by mail:
  - Mail check or money order to our Post Office Box. The address is printed on your monthly invoice.
- Pay by automatic draft:
  - Submit an authorization form and we'll draft your checking account automatically. Provided you keep sufficient funds in your account, this is an easy and convenient way to avoid late fees.
- Pay by automated phone response:
  - Pay at your convenience by credit card. The number is printed on your monthly invoice.
- Pay over the phone with one of our representatives:
  - Pay by check or credit card during business hours. Our number is printed on your monthly invoice.