

## Sign up for Pilgrim's **Electronic Fund Transfer**

### **YOU'LL SAVE TIME.**

No more writing checks.

### **YOU'LL NEVER HAVE TO WORRY.**

EFT handles everything, reliably. And you can cancel the plan anytime by contacting your Pilgrim agent.

### **JOINING PILGRIM EFT IS A BREEZE!**

- 1 Just complete the form below to authorize automatic deduction of your monthly premium payments from your bank account.
- 2 Include a deposit equal to 20% of your total auto insurance policy premium.
- 3 Attach a voided check or savings deposit slip to the completed application.
- 4 Send everything to your Pilgrim agent, who will take care of the rest.

Pilgrim will send you a schedule for eleven (11) additional payments, detailing amounts and the dates they will be deducted from your bank account. If changes are made to your policy, you'll receive a new payment schedule.

#### **YES! I want to enroll in Pilgrim EFT.**

Name (please print):

Street address:

Apt. number:

City:

State:

Zip code:

Daytime phone: (    )

Policy number(s):

Today's date:

Name of bank:

Bank routing number:

Type of account (mark with an "X"):  Savings  Checking

Account number:

Signature of account holder:

Date:

**Authorization Agreement:** I hereby authorize Pilgrim Insurance Company to initiate monthly electronic funds transfers from my bank account as premium payments on my Pilgrim Insurance Company policy as these payments become due. I hereby authorize the financial institution named above to accept electronic funds transfers initiated by Pilgrim Insurance Company. I make this authorization subject to the following conditions: (1) Pilgrim Insurance Company will notify me in writing of the amount of the monthly deductions and will notify me again if the deductions change due to changes in premium; (2) I have the right to recover any erroneous deductions by Pilgrim Insurance Company, either through a credit to my account or by direct reimbursement; (3) I understand that if an electronic funds transfer request is not honored by the financial institution, Pilgrim Insurance Company will not consider that my premium has been paid, may charge a fee, and may terminate my participation in this EFT payment plan; (4) I have the right to change this authorization to a different financial institution by submitting a new authorization to Pilgrim Insurance Company; (5) I have the right to terminate this authorization at any time by notifying Pilgrim Insurance Company in writing. Any notice hereunder will not be deemed effective until Pilgrim Insurance Company has had a reasonable time to act and (6) I further understand that, should my policy be cancelled for any reason and should there be an outstanding premium payment owed to Pilgrim Insurance Company, Pilgrim Insurance Company shall have the right to continue to make electronic fund withdrawals from my account until the outstanding premium is paid in full.