

## AUTOMATED PAYMENT PLAN AUTHORIZATION FORM

**Complete and submit the authorization form.** (Only available for Massachusetts personal and commercial auto, homeowners and dwelling fire policies. \*Commercial Auto policies placed with Commonwealth Automobile Reinsurers are not eligible for the Automated Payment Plan.)

**Continue making regular payments while the Automated Payment Plan is being set up. You will receive a letter in the mail from Arbella indicating the month in which automated payments will begin. It may take up to 30 days for the plan to begin.**

*I understand that if my monthly payment amount changes Arbella will notify me in writing at least 10 days prior to the due date of such payment.*

*Any transaction that is returned by your bank for insufficient funds will result in a \$25.00 fee and the immediate suspension of this payment option until the amount of the transaction is replaced with a money order or bank check.*

*I understand that my financial institution will provide me with additional information about the terms of my automated payment plan before it begins.*

Please enter the following information:

### Applicant / Company Information

Name:

Driver's license number:  (if applicable)

Phone number:

E-mail address:

### Policy Information

Arbella policy numbers:

(Only available for Massachusetts personal and commercial auto, homeowners and dwelling fire policies. \*Commercial Auto policies placed with Commonwealth Automobile Reinsurers are not eligible for the Automated Payment Plan. Please separate the policies with a comma.)

Please indicate the policy type(s) for which you are requesting automated payments:

Personal Auto  Commercial Auto  Homeowners  Dwelling Fire

### Financial Institution Information

Name:

City:

State:

Account to use for the Automated Payment Plan:

(Please enter information for one account only)

Checking account #

Savings account #  (Passbook accounts are not eligible)

ABA Routing #