ACUITY
A Mutual Insurance Company

PERSONAL LINES AUTOMATIC PAYMENT OPTION AUTHORIZATION

ACUITY is committed to safeguarding your financial information. In order to expedite fraud prevention efforts, name and billing address are required and should be exactly as they appear on your bank or credit card statement.

Policyholder's Name _____
Last First Middle

Billing Address _____
Number and Street City State Zip Code

Policy Number _____ Daytime Telephone Number _____

Financial Institution _____

Select a Pay Plan:

☐ Full Pay - One installment for the total premium due. One installment for any changes and/or renewals thereafter.
☐ Quarterly – Four equal installments at 90-day intervals.
☐ Monthly – Equal installments at 30-day intervals.

To save time and money, choose the Full Pay option. There are no service charges! Checking or Savings Quarterly and Monthly options are subject to a $2 per installment service charge. MasterCard/VISA Quarterly and Monthly options are subject to a $4 per installment service charge. Pay Plan selected applies to this term and future policy terms unless a change is requested.

Select a Payment Method:

☐ Checking – **Please attach a voided check and sign below.**
☐ Savings – **Please provide routing number and account information and sign below.**
☐ Credit Card – **Please provide number and expiration date below.**

Credit Card Type: ☐ MasterCard ☐ Visa
Credit Card Nbr.: ___ ___ ____-___ ___ ___ ___-___ ___ ___ ___-___ ___ ___ ___
Expiration Date: ___-___

Mortgagee Bill Selection for Package Policies:

☐ Bill the mortgagee for initial term and on renewals.
☐ Bill the mortgagee on renewals only.

Mortgagee's Name _____

Address _____
Number and Street City State Zip Code

Loan Number _____

I authorize *ACUITY*, A Mutual Insurance Company to make deductions from my account for my insurance policy. *ACUITY* will advise me in advance of any changes in the amount to be deducted from my account. If the scheduled payment amount is greater than the premium remaining on my policy, the reduced amount will be deducted. I understand a stop payment can be placed on a payment by notifying my financial institution any time up to three business days preceding the scheduled date. I understand I can cancel this authorization at any time by calling *ACUITY* at 1.800.242.7666.

Signature _____ Date _____
(Signature and voided check or account information are required.)

Please sign the above authorization and mail to the following address:

ACUITY
2800 South Taylor Drive
PO Box 718
Sheboygan WI 53082-0718