



Commerce West Insurance Company

P.O. Box 8006
Pleasanton, CA 94588

Enrollment Authorization for Electronic Payment

EASY STEPS TO ENROLL IN OUR ELECTRONIC PAYMENT PLAN:

- Complete the enrollment information below to authorize us to pay all future premiums from your account.
- Attach a voided check from your account.

Electronic payment will begin with the next installment due. You will receive a confirmation by return mail. A \$25.00 fee will be charged for failed Electronic Payments.

To: Commerce West Insurance Company

I authorize you to pay premium from my account on the policy listed on this form. I request that this premium be withdrawn on the scheduled due dates.

I request that this authorization continue to apply to any renewal or endorsement later made on my policy.

Policy Number

Your Name – Please Print

Your Signature

AUTHORIZATION TO DRAW PREMIUM FROM MY ACCOUNT and Request for Participation in the Electronic Payment Plan.

I agree that this authorization in no way affects the terms of the policy, other than the method of paying the premium; and I understand that, if you are not paid within the time required by the policy, as by the withdrawal being dishonored, or any other reason, then my policy will lapse for non-payment.

This authorization will continue in force until this authorization is revoked. Either you or I may terminate this authorization by written notice mailed to the other party.

Commerce West Insurance Company must receive written notice of change or termination at P.O. Box 8006, Pleasanton, CA 94588-8006 at least seven days in advance of the next scheduled withdrawal.

DETAILS OF PAYMENT:

Your Financial Institution Name and Address

Bank Name _____

Street Address _____

City State & Zip _____

Type of Account:

Checking Savings

Transit Routing Number

Bank Account Number:

Please contact your bank for correct account information.

Attach Voided Check Here