

*Pay your insurance
premiums the easy way...*

E-Pay



Exclusively from



EPAY

E-Pay is a convenient way to pay your insurance premiums through electronic withdrawals from your bank account whether you pay in full or on a payment plan.

Who is Eligible?

Nearly all personal lines direct-billed customers are eligible. This includes auto and homeowners insurance customers, as well as those with dwelling fire, inland marine, boat, yacht and umbrella policies. Policies paid by mortgagees, assigned risk and business policies are not eligible.

What Advantages Do I Get?

- Your premium is always paid on time.
- You never have to worry about lost or stolen checks or late payments.
- You get convenience – each month your bank will automatically deduct the payment from your account and forward it to State Auto for you.
- You get flexibility – your deduction day can either be the effective date of your policy (if it falls between the 1st and 28th of the month), or any other day of the month between the 1st and 28th.
- You will receive advance notice if your withdrawal amount changes by \$1.00 or more.

How Do I Enroll?

- Simply complete the attached authorization form and enclose it with your first payment.
- A check for your first payment must accompany the authorization form.
- For information about E-Pay payment plans please call your agent.

What Happens After I Enroll?

- About two weeks before your first automatic deduction is made, we will send you notification explaining your withdrawal information. Future notifications will be sent **only** when the deduction amount changes by \$1.00 or more.
- Due to the time needed for initial E-Pay enrollment, your total premium may be divided among fewer installments during your first policy period than you will see in subsequent renewal periods.

AUTHORIZATION FORM FOR THE STATE AUTO



PAYMENT PLAN

I authorize State Auto Insurance Companies (State Auto) to initiate deductions from my bank account when payments are due for my insurance account. I authorize the financial institution ("bank") below to honor the deductions initiated by State Auto.

CUSTOMER INFORMATION:

Insured's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

Current Policy Number: _____

If the effective date of your policy is the 1st through the 28th, may we deduct on your policy effective date? Yes No

For effective dates on the 29th, 30th, or 31st, may we deduct on the 1st? Yes No

If no, select other deduction day (1st-28th): _____

BANK INFORMATION

Name on Account: _____

Name of Financial Institution: _____

Checking Savings

Bank Transit/Routing #: _____

(For checking, use the nine-digit number between the two colons on the bottom of your check. For savings, obtain nine-digit number from savings statement or call your bank.)

Your Account Number: _____

TERMS OF AGREEMENT

Make the authorization subject to these conditions:

- State Auto Insurance Companies must notify me in writing about the amount of the first deduction and must notify me again when the deduction amount changes by \$1.00 or more.
- State Auto may deduct payments from my bank account ON or AFTER the due date shown on my billing statement.
- Deductions should be made from the bank account on my down payment check unless I have provided other account information.
- I have the right to recover the amount of any erroneous E-Pay deduction, either by check or as a credit to my account.
- I have the right and responsibility to terminate this authorization at any time by notifying State Auto.

PLEASE SIGN HERE:

Name: _____

Date: _____

Detach and return this form with your payment to State Auto at the following address:



PO Box 182738
Columbus, OH 43218-2738