

# Insured Automatic Payment Plan Authorization Form

To register for automatic payments, please complete either the section to register for Electronic Funds Transfer (EFT) or the section to register for Recurring Credit Card (RCC). **Please do not complete both sections.**

Insured Name: \_\_\_\_\_ Billing Account Number: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

## RCC

Credit Card Information:

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Security Code (CVV): \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
(MM/YY)

Card Type: \_\_\_\_\_

Billing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

**RCC Payments Subject to Surcharge:**

2.25% of amount paid by credit card (2% in CO).

Surcharge not applicable for policies billed in ME, MD, NE, TX and IN (personal lines).

## EFT

Financial Institution Information:

Account Holder Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Transit/Routing (ABA) Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Account Type: \_\_\_\_\_

## Billing Preferences:

What day of the month do you prefer the funds transfer to occur? \_\_\_\_\_

What frequency do you prefer the funds to be transferred?  
\_\_\_\_\_

\*Installment Fees May Apply

## Terms & Conditions:

I hereby request and authorize Donegal Insurance Group® and/on its affiliates to make recurring charges in U.S. Dollars to the designated credit card for paying insurance premiums and associated fees (and, if necessary, for adjustment of any transactions charged in error). This authority is to remain in full force until Donegal Insurance Group terminates it or has received written notification of its termination and has sufficient time to act on it. I understand that I am responsible for providing Donegal® with valid and accurate credit card or information. I represent and warrant that I am the authorized holder of this credit card account or bank account and, further, if the credit card or bank account has been issued to or is owned by a legal entity such as a corporation, partnership, limited liability company, etc., that I have legal authority to act on behalf of that entity with respect to the credit card or bank account.

\_\_\_\_\_  
Bank Account or Credit Card Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insured Signature

\_\_\_\_\_  
Date

Fax your completed form to (800) 874 - 5275, or mail to the address below:

Donegal Insurance Group, Attn: Automatic Payment Plan  
1195 River Road, P.O. Box 300, Marietta, PA 17547-0300