



Insured Automatic Payment Plan Authorization Form

Please complete the form below 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. The completed form can be faxed to: 800-874-5275 or may be returned to us by mail. If returning the form by mail please send to: Attn: Automatic Payment Plan, Donegal Insurance Group, 1195 River Road, P.O. Box 300 Marietta, PA 17547.

Your Information:

Billing Account Number: _____ or Policy Number(s)*: _____

Contact Email Address: _____ Daytime Phone #: _____

Financial Information (EFT):

Account Holder Name: _____

Name of Bank: _____ Transit/Routing (ABA) Number: _____

Bank Account Number: _____ Account Type: _____

Financial Information (RCC):

Name as it Appears on the Card: _____ Card Type: _____

Credit Card #: _____ Security Code (CVN): _____ Expiration Date (MM/YYYY): _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Billing Preferences:

Preferred timing of funds transfer: (Day of month 1 to 28): _____ Pay Plan* _____

*Installment Fees Apply

Terms & Conditions:

I hereby request and authorize Donegal Mutual Insurance Company and/or its affiliates ("Donegal") to make recurring charges, debits or credits in U.S. Dollars from the credit card or bank account listed above for paying insurance premiums and associated fees (and, if necessary, for adjustment of any transactions made in error). This authority is to remain in full force until Donegal 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 bank account information. I represent and warrant that I am the authorized holder of this credit card 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 bank account.

Bank Account or Credit Card Holder Signature

Date

Insured Signature

Date