

Detach this panel and submit with your voided check or savings deposit slip to:

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

*(We need your voided check or savings deposit slip for verification of your bank account and routing numbers.)*

## **Donegal's Automatic Payment Plan**

Available to anyone with a policy written through a Donegal Insurance Group Company.

### **Issuing Companies**

Donegal Mutual Insurance Company  
Atlantic States Insurance Company  
Southern Insurance Company of Virginia

#### **INSUFFICIENT FUNDS (NSF) NOTICE**

If there are insufficient funds in your bank account on the withdrawal date, a paper invoice will be generated for that installment and a NSF service fee will be assessed. If the invoice is subsequently paid, the automatic withdrawal of any future installments will continue without interruption. However, multiple NSF occurrences may result in a customer being declared ineligible for the plan.

#### **CANCELLED POLICIES**

If a policy on the Automatic Payment Plan is cancelled, the balance of unpaid earned premium will be withdrawn on the next scheduled withdrawal date.



1195 River Road, P.O. Box 300  
Marietta, PA 17547-0300  
(800) 877-0600

[www.donegalgroup.com](http://www.donegalgroup.com)

# *Donegal's Automatic Payment Plan Saves You Time & Money!*

**Pay Your Premiums Automatically Through Our Quick & Easy Electronic Funds Transfer**



## Automatic Payment Plan Benefits

- ▶ Avoid the hassle of writing checks and stuffing envelopes.
- ▶ Avoid late payments.
- ▶ Lower payment amounts and minimal service charges.
- ▶ Save money on postage.
- ▶ Multi-policy payments can be made with one transfer.
- ▶ Choose the payment date and plan that works for you.



## How Does The Plan Work?

- ▶ Your insurance premiums are withdrawn automatically from your checking or savings account. (Choose any date between the 1st and the 28th.)
- ▶ Your premium payments will be spread evenly throughout the policy term.
- ▶ You will receive a payment schedule when your account is established, showing all payment dates and amounts.
- ▶ If any premium changes are made during the policy term, a new payment schedule will be generated.

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## Giving You Peace of Mind

- ▶ Avoid worrying about your bill or check being lost in the mail. Protection will continue without interruption.
- ▶ We guarantee that the transfers from your account will match your payment schedule.



## Signing Up Is Quick & Easy

- ▶ Simply complete the attached Authorization Form and submit it to us along with a voided check or savings account deposit slip.
- ▶ The change will be performed automatically upon receipt of the Authorization Form for Donegal policyholders at the next policy renewal date.
- ▶ Please include all policy numbers on the form if you are enrolling multiple policies.
- ▶ The unpaid balance of your account will be spread throughout the remaining months of your policy period(s) and will be indicated on your payment schedule.

## What If I Have Questions?

Contact your Donegal agent  
or our  
Call Center at

**1-800-877-0600**, Press 8

Fax Form To: 800-874-5275

## AUTOMATIC PAYMENT PLAN AUTHORIZATION FORM For Electronic Funds Transfer

Account Number or Policy Number(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Do not list Homeowners policy if escrowed and paid by mortgage company.)

Account Holder Name:

\_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

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

Bank Account #: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_

Checking  Savings

Preferred timing of funds transfer:

Day of month (1 to 28): \_\_\_\_\_

Frequency:  Full Pay  Monthly  
 Quarterly  Semi-Annually

*I hereby request and authorize Donegal Insurance Group and its affiliates to debit/credit my bank account as indicated above to pay premiums for the above listed policies or other policies authorized. 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.*

Signature: \_\_\_\_\_  
(Bank Account Holder)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Insured)

Date: \_\_\_\_\_

(A service charge of \$2.00 for Personal Lines and \$5.00 for Commercial Lines will be added to each installment.)

*Please include a voided check or copy of a cancelled check from the bank account listed above (if a savings account, include a deposit slip). Detach and return this copy with your voided check.*