



Pay Your Premium Automatically Through Electronic Funds Transfer

Benefits of electronic funds transfer (EFT)

Save time, effort, and money paying your insurance premium.

- No installment fees
- No need to write and mail checks
- No need to worry about payments arriving on time

Get paid faster when you have a claim.

- Claims go directly to your account—often within hours of settlement.
- There's no need for a trip to the bank to make a deposit.

Three simple steps to set up EFT

1. Complete the form on the reverse side.
2. Void a check or savings account deposit slip.
3. Mail this form and your voided check or deposit slip to:

ACE Private Risk Services
P.O. Box 4000
Salem, VA 24153
Attn: Billing

Or fax copies of the form and voided check or deposit slip to:

ACE Private Risk Services, Billing Dept.
877-755-5532

Once we've received the form and set up the transfer process, your next bill will be paid automatically via EFT.

How EFT works

EFT is a free service that allows you to automatically pay your insurance premium via wire transfer from a banking or money market account of your choice. You can choose to pay all at once or in installments – monthly, quarterly, semi-annually, or a 10-pay plan. Several weeks before each bill is due, we'll send you a reminder to make sure you have enough money in your account to cover the payment. Then, upon the agreed date, we'll issue instructions to your financial institution to forward payment.

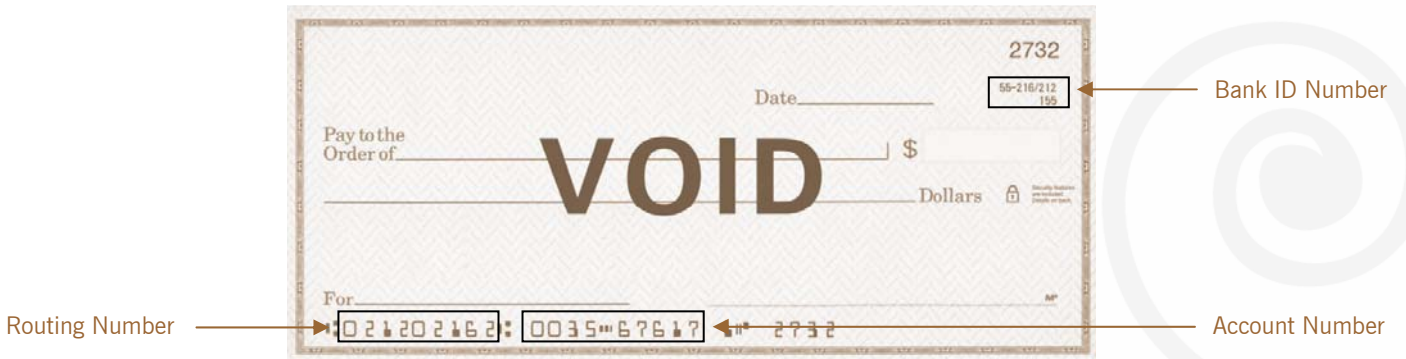
Authorization Agreement for Electronic Funds Transfer

I (we) hereby authorize the appropriate company of the ACE Group—Bankers Standard Insurance Company, Pacific Employers Insurance Company, Atlantic Employers Insurance Company, ACE Insurance Company of the Midwest, ACE American Insurance Company, or Indemnity Insurance Company of North America (each, the “Company”)— to make withdrawals against the account identified below at the named depository financial institution, in the frequency requested, for the payment of personal insurance premium.

Policy Number	Payment Plan Option (select one) <input type="checkbox"/> Prepaid <input type="checkbox"/> Semi-annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Ten equal payments <input type="checkbox"/> Monthly		
Agency Name		Insurance Policy/Reference Number	
Financial Institution or Bank Name		Branch or Bank Identification Number (see below)	
City		State	Zip Code
(ACH) Routing Number (see how to find below)		Account Number	
Account Holder Name			

For withdrawals from a checking account, a voided check must be attached here.

For withdrawals from a savings account, a savings deposit stub must be attached here.



I (we) agree to notify Company in writing at least 60 days prior to any changes in my (our) account information affecting the processing of withdrawal entries. Withdrawal entries will be initiated as authorized herein. The withdrawal entry will be the total amount of the invoice for personal insurance premium due at the beginning of the payment period. Any issues, objections, or discrepancies regarding the amounts invoiced must be reported in writing, not later than 15 days from the invoice date, to the Company.

An additional charge of \$10 will be applied each time the funds are not available to cover the automatic debit of policy premium. If a withdrawal entry is returned and no other provision is made for payment on or before the due date, then payment will be considered delinquent pursuant to the terms and conditions of related insurance agreements.

This authorization will remain in full force and effect until Company receives written instructions from me (or either of us) to terminate same. I agree that my (our) notice of termination must be forwarded in such time as to allow Company and depository financial institution a reasonable opportunity to act on it. Company may terminate this agreement upon prior written notice to me (either of us).

Name (please print)	Date	Signature
Name (please print)	Date	Signature