



NORCAL MUTUAL®

DIRECT PAYMENT AUTHORIZATION FORM (ACH DEBITS)

POLICYHOLDER NAME (PLEASE PRINT): _____

POLICY NUMBER: _____

DAYTIME PHONE NUMBER: _____

EMAIL ADDRESS: _____

Please choose one of the payment plans below:

- Monthly** - 12 Equal Monthly Installments
- Quarterly** - 25% down, 3 Equal Quarterly Installments
- Pay In Full**

Please select the account type and complete the information below. **Checking** **Savings**

BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

BANK NAME: _____

BANK CITY AND STATE: _____

Please sign the authorization below.

I hereby authorize NORCAL Mutual Insurance Company to initiate electronic debit entries to the bank account indicated above, in accordance with my chosen payment plan. This authorization will remain in effect until I have provided written notification to the contrary to NORCAL Mutual Insurance Company at the address below, at least 3 days prior to the proposed effective date of the termination of authorization. This authorization shall include any additional payment amounts resulting from policy endorsements.

SIGNATURE

DATE

ATTACH A COPY OF VOIDED CHECK HERE

FAX THE COMPLETED FORM TO 888.495.2188

OR MAIL TO: 6034 WEST COURTYARD DRIVE, SUITE 310, AUSTIN, TX 78730-5079

CONFIDENTIAL

844.4NORCAL | NORCALMUTUAL.COM

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