



**AUTO PAY BILL SERVICE**  
ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

**Date:** \_\_\_\_\_  
**Applicant:** \_\_\_\_\_  
**Policy Number:** \_\_\_\_\_  
**Insurance Co:** \_\_\_\_\_

As the Named Insured, I (we) hereby authorize PacStar General Insurance Agency, Inc. (PacStar), its subsidiaries and affiliates, to electronically deduct monthly installments for payment of my (our) insurance policy premiums, subsequent renewal down payment and monthly installments, and to initiate credit entries in the event of erroneous charges. I (we) hereby authorize the Financial Institution indicated below to accept and post these transactions to my (our) checking account. I (we) agree that PacStar will not be responsible for claims relating to the debit or credit of my (our) account including the acts or omissions of others, including the bank and clearing houses which receive and transmit the transfer instruction. PacStar is not responsible for delays in processing that may occur due to circumstances beyond our control.

Furthermore, I (we) authorize PacStar to adjust said transactions to reflect any premium changes and policy renewals. PacStar agrees to notify me (us), in advance, in the event that the electronic transaction will be greater than the previous electronic transaction.

I (we) understand that PacStar will not send me (us) a bill before monthly deductions are made and that it is my (our) responsibility to ensure sufficient funds are in my (our) account at the time of each scheduled deduction. I (we) also understand that my (our) policy may cancel or expire if there are insufficient funds in my (our) account. If my (our) bank does not honor our request for payment for any reason, I (we) will be charged a Return Item Fee. **By signing this authorization it is also agreed that any existing Auto Bill Pay account will be terminated.**

This authorization will remain in effect until I (we) provide at least 15 days of advance written notice to PacStar and the Financial Institution of its termination in such time and in such manner as to afford PacStar and the Financial Institution reasonable time to act on it. In the event that my (our) financial institution or account number changes, I (we) acknowledge that at least 15 days of advance written notice must be given to PacStar before the changes take affect.

\_\_\_\_\_  
Signature of Account Holder \_\_\_\_\_  
Date

**Account Holder:** \_\_\_\_\_

**Financial Institution/Bank Name:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Checking Account Number:** \_\_\_\_\_

**Branch Address:** \_\_\_\_\_

**Attach a sample check marked as VOID**

Your **Routing** number is the first 9 digits on the bottom of your check. Your **bank account number** is to the **right** of the Routing and Transit number and may be up to 17 digits in length. Your check number may be encoded on this line. Do not include your check number.

Customers of credit unions should verify their account numbers as some credit unions use different account numbers than the numbers printed on checks.