From the billing screen you click on the Billing tab.

Policy Info Billing Status Driv	Veh <u>C</u> ov / Prem <u>N</u> otes/Susp									
		Policy 1	Information							
		Review	This Rating		NEXT TERM 🕥					
		Pror	ito Falcon							
	POLICY: 01240678-00 STATUS: Active [Edit]	EFF DATE: 05/03/2021 (10:57 END EFF DATE: 05/03/2021 (1	AM) 2:00 AM)	EXP DATE: 11/03/2021						
	NAMED IN	SURED(S)	A	GENCY NAME & ADDRESS						
	Melvin Garcia [Name/Address Chang 2617 35th Ave Oakland, CA 94619	Melvin Garcia [Name/Address Change] Prouto Insurance Agency (Corp) (DSH007-01-2 2617 35th Ave 1133 EL CAMINO REAL, STE 1&2 Oakland, CA 94619 SO, SAN FRANCISCO, CA 94080 (949) 851-6562 (949) 851-6562								
		INSURED VEHICLE DESCRIPTION								
	Veh # Year Make/Model	VIN	State Zip/ Terr	Usage/ Annual Coll Surcharged Mileage S	VComp Sym. Class					
	1 2010 HONDA CIVIC ES	x 19XFA1F80AE051579	CA 94619/71	Pleasure / N 8000 16	5/16 4SM					
	Dry:# Name	Dry Fyn Marital / Se	UVERS T State	Included/Excluded	Pointe					
	1 Melvin Garcia	4 S/M	International	Included 1	0					
		CURREN	T COVERAGE							
	Coverage Bodily Injury Liability	Limits Of Liability \$15,000 per person/ \$30,000 per acci	lent S	1 282.55						
	Property Damage Liability	\$5,000 per accident	Vehicle Totals \$	725.85						
	FORMS AND ENDORSEMEN PGA-100-CA	I <u>TS:</u> ASC-PGA-105-CA, ASC	-PGA-046-CA, ASC-	Total Premiums * Policy Fee * Fraud Fee	\$ 725.85 \$ 25.00 \$ 0.88					
				TOTAL POLICY	\$ 751.73					
	L	Polic	v History							

Next you click on the Add automatic payment

		Billing Information					
		Policy #: 01240678-00 Insured: Melvin Garci	ia				
Due as of (05/17/2021):	\$ 0.00	Financial Snapshot Next Payment Due: N/A Lett Payment Designad: \$751.72 (0502)0010					
Installment Fee:	\$ 0.00**	Remaining Payments: (Pay In Full) (PIF) Add automatic payment					
Remaining Balance:	\$ 0.00	Earned Premium To Date: \$ 572.00					
Irue Balance Due:	\$ 0.00 **Premium Installment amounts do n	tot include the installment fee					
► Items/Charges Due		Total Premiums \$ 725.85	Total Fees \$ 25.88	Total Due \$ 7:			
Insured Payments & Invoices		Total In	voices \$0.00	Total Payments \$ 7:			
		Click here to make a financial adjustment					

Once on this screen you select the Payment Method: Insured Bank Draft to Company (EFT) or Insured Credit Card via Primoris (Recurring Credit Card)



When selecting EFT, the EFT form and voided check or proof of account must be submitted (proof of account may be a screen shot of their banking info on their phone). Click on Same as Insured mailing address to auto populate the insured's address. When you enter the routing # and hit tab the bank name will auto populate if the routing number is correct. Then enter the account number and click "Post Info".

💧 Priority - Google	Drive	× 🔇 Sterlir	ig Policy T	racking Sy	stem 🗙	+								
\leftrightarrow \rightarrow G A	Not secur	e sterling.stagin	g.ptsapp	.com/Def	fault.cfm									0.7
👖 Apps 🔺 Bookr	marks ♀	Google Maps 🛛 🌐	password	change f	17 U\	V- Calendar - Ma	短 Compass	casualpay	M	PTS	S ISO	Google Hangouts	🔘 TSheets :: Sign In	% Percenta
						Pro	onto General I	insurance Agen	icy - STA	AGING				
Hide/Show Prin	Back	Forward Endorse	(m) Info	Forms	Memos	E-Quote	Pay							
©System Maint														
©Financial						Insured: Melvi	n Garcia						Policy: 012	40678-00
©Payments ©Lookup Policy Progress Claims Progress Policy						Recurring Pay. Please enter in the account.	ments: e Insured bank	ing information	and clic	k the "P	ost Info"	button. The company v	vill sweep the Insured	d's
Quote Submission New Claims Claims Search Reports	Duote Duote Submission Payment Method Insured Bank Draft to Company New Claims Insured Credit Card via PRIMORIS Reports Insured Credit Card via PRIMORIS													
Memos ®Batch						Bank Account In	formation							
©Other ©Other Webs						Paymen	t Name Melvir	me as Insured ma n Garcia	iling addr	ess				
HOME BRO BATES						A	ddress 2617	35th Ave						
VIN TOOL														
LOGOUT							City Oakla	nd				State CA Zip 94	619	
Change Password						Ro	uting # 12345	4366			9 d	ligits between symbols:	01234567	84
New Window						Ac	count # 15484	3451			Ser	ries of digits after symbol	0123456	789
						Banl	k Name Wells	Fargo Bank						
							P	Use the ost Info	is accour	nt for A	LL futur	e policy payments		

PLEASE NOTE: When an insured is set up on EFT, this type of payment is automatically swept from a checking/savings account. The insured will get a discount on their Installment Fee if they are set up on this type of Auto Pay (please refer to the FEE SCHEDULE attached). The swept can also occur up to 2 days before the due date.

When selecting Recurring Credit Card Payments the Recurring Credit Card form has to be submitted. Click on Same as Insured mailing address to auto populate the insured's address (make sure that the zip code provided is the credit card billing zip) if there is a –and 4 numbers after the zip, these must be deleted. Select Visa or Mastercard and enter the Credit Card #, Expiration Date and the CVV2 (3 digit number on the back of the credit card) and click "Post Info".



Please Note: When an insured is set up on Recurring C/C payments, this type of payment will charge the insured's credit card for the payment due. The insured does **NOT** get a discount on the Installment fee but they save the credit card processing fee. The swept will occur 1 day before the due date.

Email the documents to: autopay@prontodocuments.com

