



### Electronic Funds Transfer Payment Authorization Form

In order for you to automatically pay your auto insurance premium bills from your checking or savings account, please complete all fields below, sign, date and fax to (760) 683-6520. Please provide the below requested information. All information provided is strictly confidential. Triton General Insurance Agency, LLC adheres to strict standards for account data protection.

**Here's How EFT Payments Work:**

We will send notice to you at least 10 days prior to the withdrawal showing the exact amount of your payment and when the withdrawal will be made. You will be charged each billing period for the total amount due for that period. We will notify the policyholder of any changes to his/her premium and spread any additional costs (coverage increases, for example) over the balance of his/her payments. If any changes are processed after the last charge for the policy term, additional premium and applicable fee(s) will be charged separately. The policyholder will always be notified in advance about any changes to his/her charges. All charges will appear on your bank statement.

**This EFT Payment Authorization / Periodic Charge shall remain in force until cancelled in writing and we require a minimum of twenty days for the written notice.**

**IMPORTANT NOTICE:**

If the amount due cannot be processed or is declined on the due date of the **Installment Notice**, the policyholder's policy may be subject to cancellation. In such event, a notification will be issued not less than 10 days prior to the effective date of cancellation.

If you have any questions, please contact our Customer Service Center at (800) 338-5777

---

**Please complete the information below:**

I \_\_\_\_\_ authorize Triton General Insurance Agency, LLC to automatically debit the indicated account, the amount due, in accordance with the insurance policy payment plan and billing cycles for **Installment / Renewal Notices**.

I also understand that, if changes are made to my insurance policy, it may result in an adjustment to the charged amount. I agree to pay the adjusted amount.

This EFT Payment Authorization / Periodic Charge shall remain in force until cancelled by me in writing, per this agreement.

Application / Policy Number: \_\_\_\_\_ Insurance Company: Seaview Insurance Company

Named Insured: \_\_\_\_\_

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

Email: \_\_\_\_\_

Account Type:  Checking  Savings

Name on Account \_\_\_\_\_

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

**IMPORTANT: PLEASE SUBMIT VOID CHECK OR DEPOSIT SLIP WITH THIS FORM**

I authorize the above named business to withdrawal any amount I owe for my auto insurance policy as indicated in this authorization form according to the terms outlined above. I further authorize my financial institution to accept such automatic withdrawals from my account by the above named business and to automatically debit such amounts. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 20 days prior to the next billing date. This payment authorization is for the type of billing indicated above. I guarantee and warrant that I am the legal account owner and that I am legally authorized to enter into this recurring billing agreement with Triton. I will not dispute Triton's recurring billing with my bank as long as the amount in question is for services rendered prior to my canceling my account in the manner required hereinabove.

**ACCOUNT HOLDER SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_