



# AUTOMATIC PAYMENTS AGREEMENT FOR COPPERPOINT POLICYHOLDERS

## At Work for You

To help improve our service to **CopperPoint policyholders** we are offering you the option of automatic ACH/EFT payments for your account. Should you select this option, funds will be automatically withdrawn from your bank account on the due date of your invoice. Please feel free to contact the Billing team with any questions at 877-595-5958. Send completed form to CopperPoint Insurance Companies, Attn: Billing 8E, PO Box 33069, Phoenix, AZ 85067-3069.

CopperPoint account number \_\_\_\_\_

Company name \_\_\_\_\_

Authorized Company representative name \_\_\_\_\_

Authorized Company representative title \_\_\_\_\_

Authorized Company representative e-mail \_\_\_\_\_

Phone number \_\_\_\_\_

Signature \_\_\_\_\_

I hereby authorize CopperPoint to initiate recurring debit entries from my checking or savings account in the banking institution named. The preauthorized debit amount will be the invoice balance less any payments or credits made after the invoice date and including any customer initiated adjustments. I understand that an ACH/EFT Transaction rejected for insufficient funds may result in cancellation or non-renewal of my policy. This authority is to remain in effect until CopperPoint receives notification from me wishing to terminate this agreement and in such time and manner as to afford CopperPoint and the financial institution a reasonable opportunity to take the appropriate actions.

Financial institution name \_\_\_\_\_

Bank account name \_\_\_\_\_

Bank account type \_\_\_\_\_

Bank account number \_\_\_\_\_

Bank routing number \_\_\_\_\_

## ATTACH VOIDED CHECK HERE

Those wishing to have funds withdrawn from a savings account should verify account and routing numbers with their financial institution prior to submitting this form.