



BARNSTABLE COUNTY MUTUAL INSURANCE COMPANY
 BARNSTABLE COUNTY INSURANCE COMPANY
 P.O. BOX 339 | YARMOUTH PORT, MA 02675-0339
 P: 800-310-9310 | F: 508-362-8025

The Barnstable offers a simple and secure way for policyholders to automatically pay insurance premiums. With your authorization, we will set up an electronic funds transfer to deduct your monthly premium payments directly from a checking or statement savings account. There are no fees or service charges for this service.

In the initial policy term, the funds will be withdrawn in eleven installments, with the first installment equal to 20% of the annual premium and the balance spread over 10 equal monthly installments. In all subsequent policy terms, the funds will be withdrawn in 12 equal monthly installments commencing 30 days prior to each renewal. A schedule of installments will be sent to you prior to each policy period, which can also be viewed on our policyholder portal at www.thebarnstable.com.

Simply complete the bottom section of this page and return it to us at the above address. **Please be sure to include a voided check if the funds will be withdrawn from a checking account. A voided check is not required for savings accounts.**

AUTHORIZATION FOR PREMIUM PAYMENTS (ACH DEBITS)

Insured Name(s): _____

Policy Number(s): _____

Insured Telephone #: _____

Email Address: _____

I (we) hereby authorize Barnstable County Mutual Insurance Company / Barnstable County Insurance Company to debit my (our) Checking Account/ Saving Account (select one) indicated below at the financial institution named below and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law. This authorization is to remain in full force and effect until Barnstable County Mutual Insurance Company / Barnstable County Insurance Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Barnstable County Mutual Insurance Company / Barnstable County Insurance Company and the Bank a reasonable opportunity to act on it.

Bank Name: _____

Bank Account #: _____

Bank Routing / ABA #: _____
 (Routing number will always be 9 digits)

Checking Account

-OR-

Savings Account

Signature: _____
 (Bank account holder)

Signature: _____
 (Insured if different than bank account holder)

Date: _____

Date: _____