EXPLORER

P.O. Box 906
Santa Clarita, CA 91380-9006

(800) 788-8984 California
(800) 707-9537 Florida
www.explorer-insurance.com

RECURRING EFT AUTHORIZATION FORM

REQUIRED INFORMATION:

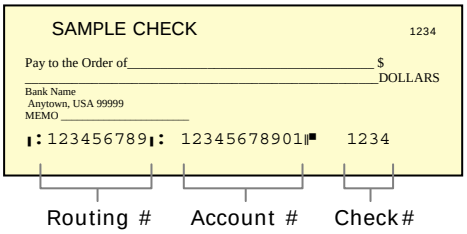
Insured Policy #: _____

Insured Name: _____

Name on Checking Account: _____

Reason for submitting this form:

- (●) I wish to set up a new EFT account
- ( ) I need to change my current EFT account
- ( ) Cancel my EFT account



Routing #																		
Account #																		

I authorize Explorer Insurance Company to initiate scheduled deductions from the bank account identified above for payment of premium on the insurance policy issued to me and any renewals thereof. I authorize the financial institution identified by the routing number above to accept and post entries to the account. I represent that I am the owner and/or an authorized signer of the account.

I understand that this authorization allows Explorer Insurance Company to adjust the scheduled deductions to reflect any premium changes to my policy. Explorer Insurance Company agrees that it shall notify me in writing at least ten days prior to making any deduction if there is a premium change or seven days if there is a due date change. Although payment will typically be withdrawn on the EFT Withdrawal Schedule dates, please allow several days for processing of the withdrawals from your account.

I understand that Explorer Insurance Company will not send me a bill before scheduled deductions are made and that it is my responsibility to ensure sufficient funds are in the account at the time of each scheduled deduction. I also understand that my policy may cancel or expire if there are insufficient funds in the account, which could cancel this agreement and remove my policy from electronic payment withdrawal. In addition to any fees charged by my bank, Explorer Insurance Company will charge a recovery fee of $15.00 if my payment is dishonored or returned for any reason.

This authorization is to remain in full force and effect until Explorer Insurance Company receives a written request from me to cancel my electronic payment withdrawal or until Explorer Insurance Company elects to cancel this agreement.

_____ _____

Signature Date

PLEASE SUBMIT THIS FORM TOGETHER WITH ANY PAYMENTS CURRENTLY DUE

Policy must be in force and payments must be current for EFT to be activated. Please allow up to 20 days for changes or termination of electronic payment withdrawal to ensure changes are made prior to the withdrawal of your installment. If you have any questions or concerns about this transaction, you can email accounting@explorer-insurance.com or call Explorer Insurance Company at (800) 788-8984. You can fax this form to (661) 775-5800 provided there are no payments currently due.

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