EXPLORER
A member of ICWGROUP

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

800.877.1111 Customer Assistance
800.223.2242 Pay by Phone
661.775.5800 Fax
www.explorer-insurance.com

At Explorer, we offer convenient payment options!

Our automated payment services are available 24 hours a day / 7 days a week. Use MasterCard, Visa or your checking account.

Enjoy our free online EPay payment services at www.explorer-epay.com

- Make one time payments.
- Save money by setting up automatic recurring payments:
  - Installment fees are reduced 50%.
  - Your payments are always on time.

Pay by Phone - 1.800.223.2242

- Our friendly voice system will guide you through each step in English or Spanish.

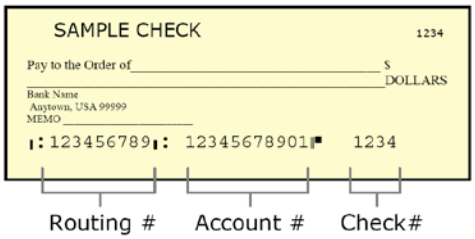
Learn more at www.explorer-insurance.com

Not able to go online to setup automatic recurring payments?
Use this convenient form

You can sign up by faxing or mailing this form. Be sure to include payment for any current bills due.

Policy Number: _____ (Example: ABU 1234567 01)
Name on Policy: _____
Name on Checking Account: _____

Reason for submitting form:
- ○ I wish to set up a new REFT account.
- ○ I need to change my current REFT account.
- ○ Please cancel my REFT account.



Routing #: |___|___|___|___|___|___|___|___|___|

Account #: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

By signing, I agree to these terms: 1. Allow up to 20 days for set-up, changes, or termination of electronic payment withdrawal to ensure time before your next withdrawal. 2. Explorer Insurance Company is authorized to initiate scheduled deductions from the bank account identified on this form for payment of premium on the insurance policy issued to me and any renewals thereof and the financial institution identified by the routing number on this form to accept and post entries to the account. 3. I represent that I am the owner and/or an authorized signer of the account. 4. 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 7-10 days prior to making any deduction if there is a premium or due date change. Although payment will typically be withdrawn on the EFT Withdrawal Schedule dates, allow several days for processing of the withdrawals from your account. 5. Explorer Insurance Company will not send me a bill before scheduled deductions are made and it is my responsibility to ensure sufficient funds are in the account at the time of each scheduled deduction. 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. 6. 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: _____

FAX TO: 661.775.5800 ■ MAIL TO: Explorer, P.O. Box 906, Santa Clarita, CA 91380-9006