

BANK/ACH AUTOPAY AUTHORIZATION FORM (ACH DEBITS)



Enrolling in AutoPay saves you time, and it's quick and easy to enroll:

- 1. ONLINE:** Visit **norcal-group.com/MyACCOUNT** to create your account, or log in if you are a returning user. Visit the Billing section to enroll in ACH.
- 2. OR VIA PAPER FORM:** Complete this ACH Authorization form and submit via fax (800.839.7525) or mail (P.O. Box 2080, Mechanicsburg, PA 17055). **Please note all fields are required.**

Policyholder Name (Please Print): _____
Policy Number: _____
Daytime Phone Number: _____
Email Address: _____

Please choose one of the payment plans below:

MONTHLY QUARTERLY PAY IN FULL

Note: Any state fund surcharges, taxes, or assessments will be invoiced and due in full with your first installment. The total premium due can be found on your initial invoice.

Please select the account type and complete the information below:

CHECKING SAVINGS

Bank Routing Number: _____ Bank Account Number: _____
Bank Name: _____
Bank City and State: _____

I hereby authorize NORCAL Mutual Insurance Company ("NORCAL"), through its electronic payment vendor,¹ to electronically debit the bank account indicated above, for payment(s) due on the NORCAL account shown above, in accordance with my chosen payment plan.

This authorization will remain in effect until I notify NORCAL by calling 844.4NORCAL (844.466.7225) at least three business days prior to the payment date that I desire to cancel or change any payment pursuant to this authorization. I understand that canceling all pending payments under this authorization will result in NORCAL not initiating further transfers or charges under this authorization. I also understand that authorization of electronic payments is entirely optional and is not required to obtain or maintain my account with NORCAL.

I understand that electronic payments may take up to three business days to be applied to the account identified above.²

I affirm that I have the legal authority to act on behalf of the policyholder identified above and to make payments using the specified bank account.

SIGNATURE

DATE

PRINT NAME & TITLE

For information regarding NORCAL Group's privacy practices, including how we collect, use, and disclose personal information, visit <https://www.norcal-group.com/privacy>.

844.4NORCAL | [norcal-group.com](https://www.norcal-group.com)

¹ NORCAL works with Wells Fargo and CyberSource to securely process electronic payments through MyACCOUNT.

² PLEASE NOTE THAT THE SUBMISSION OF AN ELECTRONIC PAYMENT ON YOUR NORCAL ACCOUNT DOES NOT AUTOMATICALLY REINSTATE A CANCELED INSURANCE POLICY OR RESCIND A PENDING CANCELLATION OF AN INSURANCE POLICY. YOU MUST CONTACT EITHER YOUR INSURANCE AGENT OR YOUR NORCAL REPRESENTATIVE TO VERIFY THE STATUS OF YOUR INSURANCE POLICY.