



SOUTHERN MUTUAL  
INSURANCE COMPANY

**AUTOMATIC PAYMENT PLAN  
AUTHORIZATION FORM**

*For Electronic Funds Transfer*

Account Number or Policy Number(s):

\_\_\_\_\_  
\_\_\_\_\_

Account Holder Name: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Bank Account # \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Account Type:  Checking  Savings

Preferred timing of funds transfer: Day of month (1 to 28): \_\_\_\_\_

Frequency: (Please check one):  Full Pay  Every Three Months  Monthly  
 Every Six Months  Every Two Months

I hereby request and authorize Southern Mutual Insurance Company and its affiliates to debit/credit in U.S. Dollars the bank account listed below for policy payment purposes (and, if necessary, for adjustment of any debits/credits made in error). This authority is to remain in full force until Southern Mutual Insurance Company terminates it or has received written notification of its termination and has sufficient time to act on it.

I understand that I am responsible for providing Southern Mutual with valid and accurate bank account information. I represent and warrant that I am the authorized holder of this bank account and, further, if the bank account is owned by a legal entity such as a corporation, partnership, limited liability company, etc., that I have legal authority to act on behalf of that entity with respect to the bank account.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Bank Account Holder)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Insured)

(A service charge of \$2.00 for Personal Lines and \$5.00 for Commercial Lines will be added to each installment.)

Fax your completed form to 800-874-5275 or mail to the address below.

Southern Mutual Insurance Company  
Attn: Automatic Payment Plan  
1195 River Road, P.O. Box 300  
Marietta, PA 17547-0300