



## Easy Pay Authorization Agreement Guidelines

The Grange Easy Pay program is not available on:

- Policies paid by the mortgagee

Policyholders may request that EFT withdrawals be made from either a checking or savings account and select a withdrawal date.\*

Once a policy is removed from EFT, it may not be changed back to EFT billing until the next renewal term.

For new business, the Easy Pay Authorization form must be completed and submitted with a voided check\* before a policy will be set up for the Grange Easy Pay program.

- Any outstanding invoices must be paid before a policy can be placed on the Grange Easy Pay program.
- A mid-term change request to the withdrawal date will be effective at the next renewal.
- Based on the withdrawal date selected the first withdrawal may be two month's premium.
- A withdrawal date may only be selected one time per policy term.
- The first invoice that prints after a policy is set up on Easy Pay will contain an installment schedule that will identify when all of the electronic withdrawals will occur. A new schedule will be generated with each renewal or if a change to the policy results in a revision to the premium due.
- Any debit or credit adjustment will be spread evenly over the installments remaining, as of the date the adjustment was made through the end of the policy term. A debit or credit will not be applied to any invoice which has been billed but has not yet been paid.
- Service charges may be assessed for the Grange Easy Pay program based on policy type.

**\*If requesting withdrawals be made from a *savings account***, the policyholder must provide Grange with a voided check, or if the account does not provide checks, a copy of their bank statement or some other document that provides proof of ownership and valid routing and account numbers. Savings account deposit slips cannot be submitted because they often provide a generic routing number that cannot be used for electronic withdrawals. Before requesting withdrawals from a savings account, the policyholder may want to check with their bank to be sure there are no restrictions they should consider (for example, some banks charge for electronic transactions in excess of six per year).

**Grange Insurance**  
**Easy Pay Authorization Agreement**

How to Enroll



**AT NEW BUSINESS**

Attach this form to the application, along with a voided check or savings documentation. Please refer to the guidelines for downpayment amount specifications. If EFT is added in the agency, you are required to retain the authorized enrollment form in your permanent records.

**MID-TERM**

**Online:**

Log into GrangeAgent.com using your user ID and Password. Select Grange Billing, then Easy Pay. Add, remove, and update EFT for existing business. You are required to retain the authorized enrollment form in your permanent records. For online transactions, please do not fax or email the form.

**Fax or Email:**

For transactions NOT completed online, you may fax the authorized enrollment form to 614-449-6722, or email the form to: [eftrequest@grangeinsurance.com](mailto:eftrequest@grangeinsurance.com).

Policyholder's Name: _____			
Agency Name/Code: _____			
<input type="checkbox"/>	Checking Account (please attach a copy of voided check)		
<input type="checkbox"/>	Savings Account (please attach savings documentation)		
Routing # _____	_____	Account # _____	_____
	must be 9 digit number		must include all preceding zeros
Requested withdrawal date _____ day of each month			
Valid days are 1 through 28 only.			
Based on the withdrawal date selected, the first withdrawal may be two month's premium.			
<b>New</b>	<b>Change</b>	<b>Policy Number</b>	<b>Policyholder's relationship to account holder</b>
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> same <input type="checkbox"/> other _____
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> same <input type="checkbox"/> other _____
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> same <input type="checkbox"/> other _____
Incomplete information may cause delay in processing. Continue to make your payment until your billing statement indicates the amount will be electronically withdrawn from your account.			

I authorize Grange Mutual Casualty Company, its subsidiaries and affiliates to initiate withdrawals from my checking/savings account and electronically transfer funds to pay the applicable insurance premium on a monthly basis. I understand that the withdrawals from my accounts will occur no earlier than the scheduled withdrawal dates set forth on the applicable premium invoice and that if a scheduled withdrawal date falls on a weekend or holiday, Grange will initiate the electronic funds transfer on the next business day. I also understand that adjustments may involve debits or credits to my account. Any debit or credit adjustments will be spread evenly over the installments remaining as of the date the adjustment was made through the end of the policy term. A debit or credit will not be applied to any invoice which has been billed but has not yet been paid. In addition, a service charge may be assessed based on policy type.

I understand and agree to keep sufficient funds in my account to cover EFT payment withdrawals and that if an EFT transaction fails as a result of insufficient funds in the account, the withdrawal will automatically be re-attempted approximately five business days later. If an EFT payment transaction fails after the above described re-attempt due to insufficient funds in the account or is otherwise dishonored by my financial institution, the EFT option may be removed from the policy and the applicable insurance policy(ies) may be canceled for nonpayment of premium in accordance with the policy and as allowed by law. Finally, I understand that this authorization will continue to remain in full force for the collection of premiums on the above policy(ies), including earned premium due on terminated policies and including policies converted solely for the purpose of changing the policy name, number, or symbol until Grange has received 10 days written notice from me to terminate the withdrawals or to change banking information for the withdrawals or until Grange notifies me of it rejection or termination of the EFT payment plan authorization.

\_\_\_\_\_  
Authorized Signature (Owner of bank account)

\_\_\_\_\_  
Date