



E-Pay

Automatic bank account deductions make it easy to pay your insurance premium



E-Pay makes paying insurance premiums easy

Life is busy, so we want to make it easy and convenient for you to pay your insurance bill. The automatic bank deductions from **E-Pay** give you the answer.

E-Pay is available to most personal lines, commercial lines and farm direct bill customers.

Advantages of E-Pay

- **Timeliness** – Your premium is always paid on time; you never have to worry about late payments and late fees.
- **Assurance** – Scheduled payments are automatically deducted from your bank account and forwarded to State Auto.
- **Options** – Many people prefer monthly E-Pay deductions. Call your agent or Customer Service to discuss other options.
- **Convenience** – E-Pay eliminates the hassle of mailing checks.

To Enroll

Please complete the authorization form attached and mail or fax it to us. For questions or to learn more, please contact your independent agent or State Auto Customer Service at 800-444-9950, Option 2.

Next Steps

1. We'll notify you to confirm your E-Pay enrollment approximately two weeks before your first automatic payment begins, giving you the amount and date of the first deduction. Then we will notify you if your deduction changes by \$1 or more.
2. The timing of your E-Pay enrollment may affect the number of deductions that can be scheduled for the current policy term.
3. Audit premium for Commercial policies will be withdrawn on the next scheduled deduction date. A notice will be sent when the audit is complete.
4. If you want to stop your E-Pay deductions, please contact Customer Service at 800-444-9950, Option 2.

If your E-Pay deduction is returned for insufficient funds after we attempt to process it twice, we will assess an NSF fee and bill you on a paper invoice.

E-Pay Authorization Form

I authorize State Auto to deduct my premium payments for my insurance account. I authorize the financial institution ("bank") below to honor the deductions initiated by State Auto.

Your Information

Insured's name: _____

Address: _____

Address: _____

City: _____

State: _____ ZIP: _____

Daytime phone number: _____

Current policy number(s): _____

State Auto will deduct my payment on the specific policy effective date if it falls from the 1st through the 28th of the month.

If my policy effective date is on the 29th, 30th or 31st, payment will be deducted on the 1st of the month.

Bank Information

Name on account: _____

Name of financial institution: _____

Type of account: Checking Savings

Bank transit/
routing number: _____

(For checking, use the nine-digit number between the two colons on the bottom of your check. For savings, use the nine-digit number from savings statement or call your bank.)

Your account number: _____

Terms of Agreement

This authorization is subject to the following conditions:

- State Auto will notify me in writing about the date and amount of the first deduction; then I will be notified if the deduction amount changes by \$1 or more.
- State Auto will deduct my payment on the specific policy effective date unless that date is the 29th, 30th or 31st. These payments will be deducted on the 1st of the month.
- Deductions will be made only from the bank account information provided on this signed and submitted Authorization Form, or as I later authorize in writing or verbally.
- I understand that any additional audit premium for Commercial policies will be deducted in full on the next scheduled deduction date.
- I will notify State Auto of any billing error within 60 days, and the amount of any erroneous E-Pay deduction will be refunded by check.
- If a withdrawal request is not honored by your financial institution, State Auto will not consider the payment to be made. State Auto may, at its sole discretion, re-submit the withdrawal request, which may result in additional fees.
- I understand that State Auto, in its sole discretion, reserves the right to remove any policy from the E-Pay Program at any time.
- I may terminate or change this authorization at any time by calling 800-444-9950, Option 2, up to two business days preceding the scheduled date of withdrawal.

Please sign here

Account holder

signature: _____

Date: _____

Detach and return this form with your payment to State Auto at the following address:

State Auto Insurance
P.O. Box 182738
Columbus, OH 43218-2738

Fax: 614-464-5066 *(For authorization form only)*



StateAuto.com