



### Sign up Today!

1. Complete the form to authorize premium payments directly from your bank account
2. Select policy type:  Personal Auto  Commercial Auto  Homeowners  Personal Umbrella
3. Return by Fax to: 908.790.7845 Customer Care

or Mail to: Plymouth Rock Management Company of New Jersey, Billing Dept., PO Box 48, Newark, NJ 07101-0048

### Enroll here. *(please print)*

**EFT for Personal Auto, Homeowners and Commercial Auto** is an 11-pay plan consisting of a 10% down payment and 10 consecutive monthly installments of 9%. A withdrawal schedule will be sent in the mail. When changes are made to your policy you will receive a new payment schedule.

**EFT for Personal Umbrella** is a 2-pay plan consisting of a 50% down payment and an additional installment of 50%. A withdrawal schedule will be sent in the mail. When changes are made to your policy you will receive a new payment schedule.

I want to...  Enroll in Automatic Bill Pay *(please print)*  Change existing Bank Account

► Policyholder Name Policy No.

Policyholder Signature Today's Date

Bank Account Holder (If different from policyholder)

► Please supply information for Bank Account Holder below

Mailing Address (Please include Apt. or Suite No.)

City State Zip

Daytime Tel. Email

Bank Name Deduct from:  Savings or  Checking

Bank Routing No. Bank Account No.

**Electronic Funds Transfer Payment Plan Agreement.** As a convenience to me, I authorize the Palisades Group of Companies (Palisades) to make periodic electronic fund withdrawals from my bank account. I understand that if my financial institution does not honor a withdrawal request, Palisades will not consider that my premium payment has been paid in which case my policy can be cancelled for nonpayment unless Palisades receives payment from me by another method prior to the applicable due date. If any withdrawal is returned due to insufficient funds, I authorize Palisades to withdraw \$15 from my account as a reasonable processing fee. I further understand that, should my policy be cancelled for any reason and should there be an outstanding premium payment owed to Palisades, Palisades shall have the right to continue to make electronic fund withdrawals from my account until the outstanding premium is paid in full. By signing above, I further agree that I may modify or cancel this agreement at any time by providing Palisades notice either by contacting Customer Care at 877.725.6423, or by US Mail addressed to: Plymouth Rock Management Company of New Jersey Billing Department, P.O. Box 48, Newark, NJ 07101. Palisades will confirm any such modification in writing. In addition, I have the right to make a stop payment of a preauthorized electronic fund transfer by notifying my financial institution orally or in writing at any time up to three (3) business days preceding the scheduled date of the transfer. Any notice hereunder will not be deemed effective until Palisades has had reasonable time to act. I have read this Electronic Funds Transfer Payment Plan Agreement. By signing this agreement, I intend my signature to serve as my agreement with its terms.

Insurance offered by Plymouth Rock Management Company of New Jersey under the brand name Plymouth Rock Assurance.  
Policies underwritten by Palisades Safety and Insurance Association, Palisades Insurance Company and Palisades Property and Casualty Insurance Company.  
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