



**PENN NATIONAL
INSURANCE**

Pennsylvania National Mutual Casualty Insurance Company
Penn National Security Insurance Company
Founders Insurance Company
P.O. Box 2257 • Harrisburg, PA 17105



Recurring Payments Authorization Form

Policyholder Information

Policyholder Name:

(As it appears on policy or invoice)

Name of person authorizing this withdrawal:

(Must be a name on the bank account provided)

Address:

City:

State:

Zip:

Insurance Account Number(s):

(Refer to your invoice)

Daytime Phone:

(____) _____ - _____ Ext. _____

Bank Information



Name of Financial Institution:

Checking Account Type:

Personal

Business

Bank Routing Number (9 digits):

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Bank Account Number (5-17 digits):

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PERSONAL LINES POLICY PAY PLANS

Automobile Policy - Choose One Pay Plan

6 payments – (Six monthly payments)

5 payments – (Five monthly payments)

Bi-Monthly 34/33/33 – (34% down, two installments of 33%)

Bi-Monthly 40/30/30 – (NJ renewals only – 40% down, two installments of 30%)

Prepaid – (Paid in full)

Property Policy - Choose One Pay Plan

12 payments – (Twelve monthly payments)

10 payments – (Ten monthly payments)

Quarterly – (Four payments of 25%)

Prepaid – (Paid in full)

COMMERCIAL LINES POLICY PAY PLANS

All Policy Types - Choose One Pay Plan
Prepaid – (Paid in full)
50/50 – (50% down, one installment of 50% due in 90 days)
40/30/30 – (40% down, two installments of 30% due every other month)
25% plus 3 quarterly – (25% down, three installments of 25% due quarterly)
20% plus 5 monthly – (20% down, five installments of 16% due monthly)
20% plus 10 monthly – (20% down, ten installments of 8% due monthly)
8.3334% plus 11 monthly – (8.3334% down, 11 installments of 8.3334% due monthly)

Authorized Signature
<p style="text-align: center;"><i>This authorization request cannot be processed without your signature</i></p> <p>I hereby authorize Penn National Insurance to initiate debit entries to my checking account indicated above. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.</p> <p>Penn National Insurance reserves the right to deny or terminate Recurring Payments.</p> <p>I agree that each charge to my account shall be the amount shown on my Recurring Payments Invoice.</p> <p>This authorization will remain in effect until Penn National Insurance has received notification from me of its termination. I acknowledge and understand that the termination of this authorization will not be effective until Penn National Insurance has had a reasonable opportunity to act upon it. As such, I realize there may be a subsequent withdrawal from my account even after Penn National Insurance has received notification of my request to terminate this authorization.</p> <p>If for any reason my insurance policy shall cancel and there is still money due the Company, this agreement remains in effect until all monies have been paid unless Penn National Insurance has received notification to terminate the Recurring Payments Program.</p> <p>I agree to all terms and conditions of this authorization.</p> <p>_____</p> <p>(Signature of person authorizing this withdrawal for this bank account) (Date)</p>

Important: You should continue to pay your invoice until you receive your first invoice that indicates you are on the Recurring Payments Program.

Please send a voided check from your checking account along with the completed authorization form.
The Recurring Payments Authorization Form and voided check can be:

- Scanned and emailed to our secure e-mail address: hoclad@pnat.com
- Faxed to our secure fax mail box: 717.255.6384 or 1.800.388.4764 ext 6384
- Mailed to: Penn National Insurance, PO Box 2257, Harrisburg PA 17105

Questions?

Call our Customer Contact Center at 1.800.766.2245, 8:00 a.m.- 4:30 p.m., EST, Monday-Friday