

How to set up a recurring payment method.

Before beginning there are a few things to note.

1. We cannot dictate the date that the payment is pulled. The system only pulls the auto drafts in the nightly processing each night **on the due date**. If the customer needs to draft another day, they will have to do it manually through calling in a payment or the insured web.
2. There is a \$30 NSF fee for declined cards. These are added the day after the card declines. For example, if the payment tries to pull on the 15th and it is declined for whatever reason, a fee is added on the 16th. There is one day that they can still make their payment without incurring the NSF fee.
3. Once a recurring payment is processed as a decline, the auto draft is automatically removed. You will have to set it up again if desired.
4. We must have a signed EFT Authorization. This form explains the agreement they are entering into. **The customer must sign this form**. Adding auto draft through endorsement requests or notes that are uploaded as attachments **will not be accepted**.
5. If you are setting up an auto draft the same day as taking a payment, take the payment first then set up the auto draft.

Instructions for recurring payment method.

1. On the policy information screen (the home screen of the policy) select **Setup Recurring** from the Financial Summary Section.

Policy Info AL00105026-00
03/04/2024 - 09/04/2024

CHIRPING SPARROW
9201 CHIRP AWAY LANE MONTGOMERY, AL 36140 | (256) 750-0705

Summary | Personal Auto Policy

Policy:	AL00105026-00	Policy Term:	6 Month
Status:	Active	Rated State:	AL
Effective:	03/04/2024	Tenure:	0 Years
Expiration:	09/04/2024	Claims Free:	0 Years

Last Endorsement: 03/11/2024 - Coverage Added
Claims

No claims exist for this policy.

Financial Summary

Total Prem / Fees / Third Party:	\$1,120.58 + \$42.00 + \$0.00	Last Pmt Rcvd:	\$343.18 - 05/09/2024
Amount Due:	\$0.00	Method:	Insured Bill
Future/Renewal Term(s):	\$0.00	Acct:	Setup Recurring

Payment Plan: Direct Bill 25% Down 5 Pay
Installments: 4 Remaining

E-Sign Information

Status:	Signature Expired Add Signature	Report:	View E-Sign Report
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Agent / Company Information

Agent:	ALABAMA INSURANCE AGENCY	Carrier:	OLD AMERICAN INDEMNITY COMPANY
Phone:	(205) 776-1680	Phone:	334-466-8023
Fax:		Fax:	334-432-8023
Address:	PO BOX 380725	Address:	PO BOX 3005
City/State/Zip:	BIRMINGHAM, AL 35238	City/State/Zip:	AUBURN, AL 36831
Email:			

Lienholder & Mailing Address

2. Click on the Add/Change Auto Pay Information button on the right.

Payment Info **CHIRPING SPARROW** **AL00105026-00**
9201 Chirp Away Lane Montgomery, AL 36140 | 03/04/2024 - 09/04/2024

Recurring Account Information

Current Payment Of:	\$0.00
Will be processed on:	N/A
via account ending in:	N/A

No account info on file.

There are no active recurring payment methods. Click the 'Add/Change Auto Pay Information' button to add a new one.

Info

Confidentiality
Information entered here will **NOT** be disclosed to third parties about the account other than these reasons:

- 1) in order to verify the existence and condition of this account for a third party, such as a credit bureau or merchant, or
- 2) in order to comply with government agency or court orders; or
- 3) as described in the privacy policy disclosure, available upon request.

Add/Change Auto Pay Information

3. A popup will load to verify the card holder. Make the appropriate selection and select proceed.

Is CHIRPING SPARROW the Account Holder on this account?

Yes No

4. Enter the card number, expiration date, and CVV code and select Store Payment Information.

Card Number: 5555500830030331    

Expiration: 1224 Security code (?): 123

Card Holder: CHIRPING SPARROW

Address: 9201 CHIRP AWAY LANE

MONTGOMERY

MONTGOMERY AL 36140

5. A verification of the next payment amount and date will pop up. Select Submit.

Change in future monthly payments = \$0.00

Current Payment Of: \$0.00 

Will be processed on: Tuesday, 06/04/2024

Via account ending in: 0331

[Cancel](#) [Submit](#)

6. Click on the EFT Authorization Form icon on the right, to download, print and get signed.

Payment info**CHIRPING SPARROW**
9201 Chirp Away Lane Montgomery, AL 36140 |**ALUU1UCUZO-UU**
03/04/2024 - 09/04/2024

Recurring Account Information

Current Payment Of: \$0.00 

Will be processed on: 06/04/2024

Via account ending in: 0331

CREDIT CARD Added on 05/09/2024

Credit Card
CHIRPING SPARROW
MASTERCARD x0331 | Exp. 12/24

Active
Added: TA 5/9/2024 5:36 PM
Removed: N/A

Payment Address	Action	Signed By	Date/Time
9201 CHIRP AWAY LANE MONTGOMERY, AL 36140	Added	Added by TA	5/9/2024 5:36 PM

Info

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- 1) in order to verify the existence and condition of this account for a third party, such as a credit bureau or merchant; or
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[Add/Change Auto Pay Information](#)
[Turn off Automatic Payments](#)

7. This form must be uploaded within 3 days of set up to activate the setup.

EFT AUTHORIZATION AGREEMENT

The purpose of this authorization is to allow the Company to electronically transfer funds from the designed account as a result of insurance transactions between the Company and the policyholder

I CHIRPING SPARROW hereby authorize InsureScan MGA hereinafter called COMPANY, to initiate debit and/or credit entries to the account indicated below and the depository, hereinafter called DEPOSITORY to debit/credit the same to such account.

- NEW**- This is a new request to start having payments automatically drafted from my account
- CHANGE**- This is to change the account on which the automatic drafting is done
- REMOVE**- Stop automatic drafting of payments from my account

Agreements that are **not** electronically signed directly on COMPANY site may take up to 5 business days

Complete the below for Checking and Savings Accounts	Complete the below for Credit/Debit Card
Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Type: <input checked="" type="checkbox"/> Mastercard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Bank Name: _____	Name on Card: <u>CHIRPING SPARROW</u>
Name on Account: _____	Account Number: <u>0331</u>
Routing Number: _____	Expiration Date: <u>1224</u>
Account Number: _____	Billing Address: <u>9201 CHIRP AWAY LANE</u>
	State: <u>AL</u> Zip: <u>36140</u>
Amount & Frequency:	
<input checked="" type="checkbox"/> Monthly : Recurring Withdrawal or Charge on dates with amounts indicated on the invoice provided to the insured.	
<input type="checkbox"/> Paid in full : Paid in full policies will draft upon renewal on dates with amounts indicated on the invoice provided to the insured.	
Insured's Name <u>CHIRPING SPARROW</u> Policy Number: <u>AL00105026-00</u>	

This authorization is to remain in full force and effect until COMPANY has received written notification from me of termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act. I may only revoke this authorization by contacting COMPANY directly.

I or COMPANY have the right to stop payment of a debit entry by notification to DEPOSITORY and COMPANY at such time as to afford DEPOSITORY and COMPANY a reasonable opportunity to act on it prior to charging the account.

COMPANY shall not be responsible for any errors of the DEPOSITORY or of its agents, employees, or intermediaries, unless such errors are caused by the negligence or willful misconduct of COMPANY.

NOTE: The Down Payment for each term will be due on the effective date. Changes to the policy that result in additional premium may cause an increase in the amount due and be spread across any remaining installments. A revised payment schedule outlining revised payment amounts will be provided following any premium change. I understand that it is my responsibility to make sure that the funds are available in my account when payment is due. Failure to do so will result in an NSF fee of \$30.00 and/or cancellation of my ACH privileges. This agreement does not reinstate any cancellation. Installments due prior to today may not be automatically drafted and should be remitted to the company directly. If the past due installment has not been cured and the completed authorization is received by the company after the non-pay cancellation effective date, the policy will remain cancelled.

I authorize COMPANY to make automatic charges based on the invoice provided to the insured.

Named Insured's Signature _____ Date _____