

TERMS OF AGREEMENT

Make the authorization subject to these conditions:

- State Auto Insurance Companies must notify me in writing about the amount of the first deduction and must notify me again when the deduction amount changes by \$1.00 or more.
- State Auto may deduct payments from my bank account ON or AFTER the due date shown on my billing statement.
- Deductions should be made from the bank account on my down payment check unless I have provided other account information.
- I have the right to recover the amount of any erroneous E-Pay deduction, either by check or as a credit to my account.
- I have the right to terminate this authorization at any time by notifying State Auto in writing.

PLEASE SIGN HERE:

Name: _____

Date: _____

*DETACH AND RETURN THIS FORM WITH YOUR PAYMENT
TO STATE AUTO AT THE FOLLOWING ADDRESS:*

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



MK 547-082

PAY YOUR
INSURANCE
PREMIUMS
THE EASY
WAY...

E-PAY

EXCLUSIVELY FROM
STATE AUTO® INSURANCE COMPANIES



E-Pay is a convenient way to pay your insurance premiums through electronic withdrawals from your bank account whether you pay in full or on a payment plan.

How Does It Work?

Your insurance premium is withdrawn electronically from your bank account. Please contact your agent for E-Pay payment plans available and consult your "Notice of Payment Due" for applicable service charges.

Who is Eligible?

Nearly all personal lines direct-billed, property and casualty policyholders are eligible. This includes the majority of auto and homeowners insurance policyholders, as well as those with dwelling fire, inland marine, boat, yacht and umbrella policies. Policies paid by mortgagees and assigned risk policies are not eligible.

What Advantages Do I Get?

- Your premium is always paid on time.
- You never have to worry about lost or stolen checks or late payments.
- You get convenience – each month your bank will automatically deduct the payment from your account and forward it to State Auto for you.
- You get flexibility – you may choose your own deduction day, from the 1st through 28th of the month.
- You will receive advance notice if your withdrawal amount changes by \$1.00 or more.

How Do I Enroll?

- Simply complete the attached authorization form and enclose it with your first payment.
- A check for your first payment must accompany the authorization form.
- It takes about two weeks to set up and verify the account information.
- For information about E-Pay payment plans and applicable service charges please call your agent.

What Happens After I Enroll?

- About two weeks before your first automatic deduction is made, we will send you notification explaining your withdrawal information. Future notifications will be sent **only** when the deduction amount changes by \$1.00 or more.
- Due to the time needed for initial E-Pay enrollment, your total premium may be divided among fewer installments during your first policy period than you will see in subsequent renewal periods.

AUTHORIZATION FORM FOR THE STATE AUTO



PAYMENT PLAN

I authorize State Auto Insurance Companies (State Auto) to initiate deductions from my bank account when payments are due for my insurance account. I authorize the financial institution ("bank") below to honor the deductions initiated by State Auto.

CUSTOMER INFORMATION:

Insured's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

Current Policy Number: _____

Deduction Day I Want (1st—28th): _____

BANK INFORMATION

Name on Account: _____

Name of Financial Institution: _____

Checking Savings

Bank Transit/Routing #: _____

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

Your Account Number: _____