



A MEMBER OF FRANKENMUTH INSURANCE

Automatic Payment Authorization Form

I authorize Frankenmuth Insurance or Patriot Insurance to process a one-time payment or activate recurring payments as indicated below.

Insured's Name _____

Billing Account #(s) _____

Select Payment Type _____ One Time Payment Amount \$_____ and/or
_____ Recurring Payment

Billing Account Numbers with 10 digits or 12 digits may choose from the following Payment Plans

10 Digit - Recurring Payment Plan _____ Monthly _____ Quarterly _____ Semi-Annual _____ Annual

12 Digit - Recurring Payment Plan _____ 12 Pay _____ 4 Pay _____ 3 Pay _____ 2 Pay _____ 1 Pay

EFT – Electronic Funds Transfer

Bank Name _____

Bank Routing Number _____ (Nine digits on bottom of check)

Checking Account # _____ Savings Account # _____
(Enclose a voided check) (Enclose a deposit slip)

Select a withdrawal date for EFT recurring payments

Monthly: Select a payment withdrawal date from the 1st to the 28th _____

Quarterly, Semi-Annual, Annual: Select a payment withdrawal date of the 1st _____ or the 15th _____

12 Pay, 4 Pay, 3 Pay, 2 Pay, 1 Pay: Select a payment withdrawal date from the 1st to the 28th _____

Recurring Credit Card Options:

- **For 12-digit account numbers:** Visit www.fmins.com or www.patriotinsuranceco.com to Log In, Register an Account and Manage Recurring Payments.
- **For 10 or 12-digit account numbers:** Call Frankenmuth Insurance at 844-488-9777 to make a one-time payment or to enroll in recurring payments by phone.

Note: Charges on your checking or savings statement will appear as FMINS*Patriot - Insurance and on your credit card statement will appear as FMIC/PIC *Insurance. Frankenmuth Insurance and Patriot Insurance reserve the right to decline any request to process a payment electronically if your policy is not in good standing at the time of receipt of this form. Frankenmuth Insurance, Patriot Insurance, or I may terminate this agreement by notice to the other party. This request may take 30 days to activate or update new information.

Name (Please Print) _____ Daytime Phone # (_____) _____ - _____

E-mail Address _____

Signature _____ Date _____

Return completed form by e-mail, mail or fax to:

Frankenmuth Insurance
One Mutual Avenue
Frankenmuth, MI 48787-0001

Fax: 989-652-9222 e-mail: billing@fmins.com