

FULMONT MUTUAL INSURANCE COMPANY
 PO Box 487, Johnstown, NY 12095-0487
 Visit us @ www.fulmontmutual.com

PLEASE VISIT OUR WEBSITE TO COMPLETE YOUR CREDIT CARD TRANSACTION IN PRIVACY,
 OR TO CHECK YOUR PREMIUM, COVERAGES OR OPEN CLAIM INFORMATION.

FMIC DIRECT BILL PAYMENT PLAN – Choose the option that best suits your needs.

POLICYHOLDER INFORMATION:

Your name _____ Your Signature _____ Policy Number _____
 Your email address: _____ Today's Date: ____/____/____
 _____ - _____ - _____ Daytime telephone # _____

CHOOSE ONE OPTION OF PAYMENT: (You may change your payment method by notifying us.)

# of Payments	Amount Billed	Billing Fee	When is my bill due?
1 <input type="checkbox"/>	100% paid by due date	\$-0-	Due date or anniversary date
4 <input type="checkbox"/>	4 payments of 25% each	\$6.00 on payments 2-4	1 st : Original due date or anniversary date 2 nd : 60 days from effective/anniversary date 3 rd : 120 days 4 th : 180 days
6 <input type="checkbox"/>	Down payment of 25%, 5 remaining payments of 15% each.	\$6.00 on payments 2-6	1 st : Original due date or Anniversary date 2 nd : 60 days from effective/anniversary date 3 rd : 90 days 4 th : 120 days 5 th : 150 days 6 th : 180 days
8 <input type="checkbox"/>	Down payment of 30% 7 remaining payments of 10% each.	\$6.00 on payments 2-8	1 st : Original due date or Anniversary date 2 nd : 60 days from effective/anniversary date 3 rd : 90 days 4 th : 120 days 5 th : 150 days 6 th : 180 days 7 th : 210 days 8 th : 240 days

Please see reverse side for Bank and Credit Card Information and additional information.

*****REMINDER***DO NOT SUBMIT THIS FORM WITHOUT COMPLETING PAGE 2 FOR AUTOMATIC WITHDRAWALS OR CREDIT CARD PAYMENTS!**

ACH Payment Plan (Electronic Withdrawal)

Fulmont Mutual Insurance Company is pleased to announce three methods to pay your premium. *If you choose our *electronic Automatic Payment Plan program*, we will automatically deduct your insurance premium from your account on your due date to eliminate check writing and save mailing costs. If you use any of our payment options, a service charge of \$6.00 will be applied to each *Automatic Payment Plan payment, Direct Bill payment or Credit Card payment*, excluding the down payment. If you wish to use either of these programs, please complete the following information and return it to us at least *10 days prior* to your premium due date. All information will remain confidential, and only necessary personnel will have access to your information.

SPECIAL REMINDER: If you choose the *Automatic Payment Plan* option, you will receive a new bill, listing your payment amounts and due dates. Please keep this new bill in a safe place, as you will no longer be receiving a separate billing for each of the ACH payments due.

ACH (ELECTRONIC WITHDRAWAL) INFORMATION:

Your Bank Transit/ABA # (9 digits) Bank Name Account Number
(Found on lower left corner of check)

CVV Code _____

CREDIT CARD BILLING INFORMATION

Type of Card – VISA or MasterCard Account Number Expiration Date \$ _____
Payment Amount

Your address (AS IT APPEARS ON YOUR STATEMENT)

**** If you choose credit card payments, you must submit your credit card information for each payment or use our website to submit your payment due to changes in expiration dates.**

Miscellaneous Fees and Other Reminders

Cancellation Fee: If a cancellation notice is issued due to non-payment of premium of this policy, a \$25.00 fee will be charged. A cancellation notice for non-payment of premium will be issued when the bank has dishonored an automatic withdrawal or check. The amount due will be the original premium, plus the bank charge back fee and cancellation fee. This amount will be payable in cash, money order, certified bank check or agency check.

Returned Check or Returned Electronic Payment: If a check or electronic transfer payment is returned, a \$33.00 fee will be charged. This fee is hinged upon the Schedule of Rates, Fees and Charges utilized by our depository bank. We only reimburse ourselves for the bank charge.

Check Reissue: If a check needs to be reissued at the request of the policyholder, a \$25.00 fee will be charged. If a stop payment needs to be issued on the check to be replaced a fee of \$32.00 will be assessed in addition to the reissue fee.

Mortgagee Change/Amendment Endorsement Fee: If more than one Mortgagee Change/Amendment Endorsement is issued in a policy period a fee of \$5.00 will be assessed for each/every Mortgagee Change/Amendment Endorsement after the first change.

Refunds on Request of Insured Cancellations: All requests for policy cancellation initiated by *you, your* representative or a premium finance agency will result in any unearned premium or refund being determined in accordance with the applicable *short rate table*. A *pro-rata* return of unearned premium or refund will apply to cancellation initiated by *you* or *your* representative upon *your* entry into the military services of the United States or any deletion or reduction of coverage in which the policy continues in force. A *pro-rata* return of unearned premium or refund will also apply to any cancellation initiated by *us*.

Endorsements: For endorsements to your policy *within the above billing period*, please complete this form and return it to us at least 10 days prior to the premium due date. The premium will be split between remaining payments. For endorsements *after the above billing period*, the premium is due in full by the due date on the bill. In order to avoid service charges, it is suggested that you make the necessary arrangements to pay for any endorsements through this program.

Reminders: If another party is to pay the premium, initial the bill and send it to them. Reminder notices will not be issued. Your agent should handle coverage questions, changes or claims.