



**SENTRY**  
INSURANCE

## Enrolling in Sentry's Electronic Funds Transfer (EFT) is Easy

Using EFT is a quick, easy and secure way to pay your insurance premiums. Follow these steps to enroll in Sentry's EFT program:

1. Read and complete all information on attached authorization form
2. Provide the bank name and routing number.\* The example below illustrates where the routing number can be found on a check.
3. Provide your checking or savings account number. The example below illustrates where your account number can be found on a check.
4. Indicate which policies will be paid for using EFT
5. Choose an EFT deduction date between the 1st and 28th day of the month. If the date falls on a weekend or holiday, the deduction will be taken on the next business day.
6. If you are using a checking account for EFT, provide a voided copy of a check. If you are authorizing deduction from a savings account, submit a deposit slip.
7. Sign the authorization form
8. Mail or fax form, and a voided check or deposit slip, as appropriate, to Sentry Insurance

Sentry Insurance  
PO Box 8023  
Stevens Point, WI 54481-8023

1-800-632-9947 (fax)

For more information on EFT or how to complete the authorization form, call 1-800-227-0201.

Example of check (do not use a deposit slip)

The diagram shows a check with the following fields and labels:

- Top left: John Smith, 100 Main Street, Anytown, NY 10012
- Top right: 102
- Middle left: PAY TO THE ORDER OF \_\_\_\_\_
- Middle right: \_\_\_\_\_ DOLLARS
- Bottom left: MEMO \_\_\_\_\_
- Bottom left (MICR line): 125598589 (labeled "Routing Number (9 digits)")
- Bottom right (MICR line): 102 125456987 (labeled "Account Number")

\*If your bank account information changes after you have enrolled in EFT, complete, sign and return a new authorization form to us 15 days prior to your chosen deduction date.



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# Electronic Funds Transfer (EFT) Authorization

I hereby authorize Sentry Insurance a Mutual Company (Sentry), on behalf of the applicable underwriting company (Sentry Insurance a Mutual Company, Middlesex Insurance Company and Patriot General Insurance Company), to debit my checking or savings account, as indicated below, for payment to Sentry for insurance premiums and subsequent renewals. I understand this is an authorization for recurring bill payments.

Indicate type of account to be debited:  Checking  Savings

Bank name: \_\_\_\_\_ Bank routing number: \_\_\_\_\_

Checking or savings account number: \_\_\_\_\_

Please check and complete for all that apply:

Policy Type	Policy Number	Payment Option		Payment Amount	Deduction Date <small>(Between the 1st and 28th day of the month)</small>
		Full-pay	Monthly		
<input type="checkbox"/> Auto	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Home	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Boat	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Umbrella	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Rec. Vehicle	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Dwelling/Fire	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

I hereby further agree that:

- Sentry does not need to notify me that premiums are due as long as this automatic payment plan is in effect. Also, no premium, or any portion of a premium, will be considered paid unless Sentry receives payment at its Home Office. If my account has insufficient funds on the date of automatic payment deduction, Sentry will attempt a second deduction within three days. Any charges for the initial non-payment or second payment will be paid by me. If funds are not available at the second attempt, my account will be removed from this payment option and direct billed.
- All deductions will be made in the amounts and on the dates indicated below. However, if any such indicated date falls on a weekend or holiday, then I hereby authorize and agree that such applicable deduction, solely for such date occurring on a weekend or holiday, shall be made on the next business day.
- Sentry will incur no liability if my account has insufficient funds for a payment by automatic deduction and I am responsible for applicable fees charged by my financial institution.
- If this authorization is for a policy with payment arrangement that is other than monthly, this authorization constitutes approval to change the payment on a monthly basis.
- If this authorization is for a policy with a payment arrangement that is monthly, this authorization constitutes approval to change the payment arrangement to full payment.
- If the deduction amount changes for any reason, Sentry will notify me 15 days (30 days in TN) prior to revised deduction withdrawal.
- It is not necessary for any officer or employee of Sentry to sign a debit to my account.
- This plan will continue unless terminated by Sentry or me with 30 days written notice to the other party. In addition, Sentry may terminate the plan immediately if any debit is not paid upon request.
- This plan is effective as the date hereunder.

\_\_\_\_\_  
Signature of depositor as it appears on record at financial institution

\_\_\_\_\_  
Date

Submit authorization form with voided check (for checking accounts) or deposit slip (for savings accounts)

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PO Box 8023  
Stevens Point, WI 54481-8023

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