

# Payment Plan Guidelines

This policy is subject to the premium payment plan with the due dates listed on enclosed page(s). Fees are fully earned and non-refundable.

You are solely responsible for notifying our agency of changes to your payment information prior to the processing date of your next scheduled payment.

If you request to cancel the policy, the automatic processing of your payments will continue as scheduled until our agency has received and processed the company's confirmation of cancellation

## ❖ Endorsements

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### ADDITIONAL PREMIUM

For endorsements with pure premium greater than \$100.00:

- If at least one installment of the initial payment schedule is unpaid, any subsequent endorsement will be incorporated into the remaining installments.
- If all installments of the initial payment are paid in full, any subsequent endorsements will be due in full. Payment may be scheduled to process automatically 3 or more days after written or emailed notice is sent to you.

For endorsements with pure premium of \$100.00 or less:

- Payment is due in full and may be scheduled to process automatically 3 or more days after written or emailed notice is sent to you.

### RETURN CREDIT

All return premiums and credits will be applied as a payment to current and future installments until the credit is fully applied.

## ❖ Dishonored Payments

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Kindly note that more than two (2) dishonored payments, regardless of the reason(s), will terminate the payment plan without further notice and full payment of your account balance will be due immediately.

If more than one non-payment cancel notice is issued during any one-year term, the policy will be canceled without the option of reinstatement.

## ❖ Fee Schedule

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PAYMENT PLAN FEE: Due for <b>each</b> installment after initial down payment.....	\$ <u>5-10</u>
DECLINED CARD FEE: Charged for <b>each</b> declined card transaction.....	\$ <u>5</u>
RETURNED PAYMENT FEE: Charged for all returned checks and card chargebacks.....	\$ <u>25-50</u>
REINSTATEMENT FEE: Charged when Underwriter approves reinstatement of a cancelled policy.....	\$ <u>25-30</u>



# Allen Financial Insurance Group

Allen Financial Insurance Group/The Equestrian Group 12424 N 32<sup>nd</sup> St., Suite 101 • Phoenix, AZ. 85032

## Auto EFT/Payment Authorization

**\* Brokerage accounts must be paid by agency trust check. A 2.5% fee will be charged against producer commission account on any authorized exceptions.**

A.F.I.G. Account #: \_\_\_\_\_ Policyholder: \_\_\_\_\_

Broker (If Applicable): \_\_\_\_\_ Policy #: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### --Payment Options--

**\*\*Pay Plans are not offered on all policies and must be approved before binding of coverage. Minimum premium of \$500 eligibility requirement for Pay Plans. The following are Ineligible for Pay Plans: Short-Term policies, Special Event policies, policies that are fully earned, and any policy that is required by the Insurance Company to be paid in full at inception and/or before coverage can be bound.**

☐ Full Payment: \$ \_\_\_\_\_ premium + tax/fees.

☐ Monthly Pay Plan: \_\_\_\_% of premium + taxes/fees down payment; followed by \_\_\_\_ installments (+ inst. Fees)

Down Payment

Amount: \$

Date: \_\_\_\_\_

Amount: \$

Date: \_\_\_\_\_

Amount: \$

Date: \_\_\_\_\_

Amount: \$

Date: \_\_\_\_\_

Amount: \$

Date: \_\_\_\_\_

Amount: \$

### Checking Account

☐ Checking

\*REQUIRED - photo copy of physical check and driver's license of authorized signer on account.

Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Starting Check # \_\_\_\_\_

### Credit Card

☐ Visa

☐ MasterCard

☐ Amex

Cardholder Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV Code \_\_\_\_\_

I/We agree that, if this authorization is sent to you by facsimile or by any other means, you may act upon it whether or not you receive an original hard copy. I/We authorize Allen Financial Insurance Group to collect payment through Electronic Funds Transfer from a financial institution or approved credit card or bank account. I understand that the inability of Allen Financial Insurance Group to make this collection will result in immediate cancellation of my insurance policy. I/We also agree that by this I/We are guaranteeing payment in full of the above-mentioned insurance policy and other related services; including, but not limited to endorsement premium. I understand that this authorization will remain in effect until the expiration of my policy's current term and I agree to notify Allen Financial Insurance Group, Inc. &/or The Equestrian Group in writing of any changes in my account information at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For payments made from my checking account, in the case of the check being rejected for Non Sufficient Funds (NSF) I understand that Financial Insurance Group, Inc. &/or The Equestrian Group may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or Credit Card Company. In addition, Allen Financial Insurance Group &/or The Equestrian Group have my authorization to Automatically process payment with this information for any additional premium, tax & fees not listed in the above schedule that generate from an endorsement that I requested in writing.

SIGNATURE \_\_\_\_\_ PRINT \_\_\_\_\_ DATE \_\_\_\_\_

### OFFICE USE ONLY

Subscription ID #: \_\_\_\_\_ Payment \_\_\_\_ of \_\_\_\_ Payment Date: \_\_\_\_\_