

Fulmont Mutual Insurance Company

HOME OFFICE: PO Box 487, Johnstown, New York 12095-0487
BRANCH OFFICE: PO Box 361, Westport, New York 12990-0361 BRANCH OFFICE: PO Box 300, Canajoharie, New York 13317-0300
visit us @: www.fulmontmutual.com

IN ORDER TO GUARANTEE RECEIPT OF YOUR PAYMENT WE HIGHLY RECOMMEND USING ELECTRONIC PAYMENTS OR CREDIT CARD PAYMENTS. YOU MAY ALSO VISIT OUR WEBSITE TO COMPLETE YOUR CREDIT CARD TRANSACTION, CHECK YOUR PREMIUM, COVERAGES OR OPEN CLAIM INFORMATION.

FMIC Direct Bill Payment Plan ... If you elect to use it.

Choose one option of Payment: (You may change your payment method at any time by notifying us.)

- #1 _____ Payment in full by check, cash or money order.
_____ 4 payments by check, cash or money order.
- #2 _____ Payment in full by Automatic Payment Plan. (*Direct Electronic Withdrawals).
_____ 4 payments by Automatic Payment Plan. (*Direct Electronic Withdrawals).
- #3 _____ Payment in full by Master Card or VISA. (Please complete following information below)

ACH Payment Plan (Electronic Withdrawal) OR Credit Card Billing Information

Fulmont Mutual Insurance Company is pleased to announce our 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. The advantage to using this program is *there will be no service charge for this new electronic Automatic Payment Plan program*. If you use our Direct Bill or Credit Card payment plan, a service charge of \$5.00 will be applied to each *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.

POLICYHOLDER INFORMATION:

Your name (As it appears on your statement) _____ Your Signature _____ Policy Number _____ Today's Date ____/____/____

Your email address _____

Please complete the appropriate section for ACH/Electronic Withdrawal or Credit Card Payment:

ACH (ELECTRONIC WITHDRAWAL) INFORMATION:

Your Bank Transit/ABA #(9 Digits) _____ Bank Name _____ Your Account Number _____
(Found on Lower Left Corner on your Check)

CREDIT CARD BILLING INFORMATION:

Type of Card - VISA or Master Card _____ Account Number _____ Expiration date _____
Your address (As it appears on your statement) _____ PAYMENT AMOUNT \$ _____ Daytime Telephone #(____) _____

Please see reverse for information