

Easy Pay (EFT) Application

Please complete the following application to enroll in our Easy Pay EFT program.

Questions? Visit mutualofenumclaw.com/payments for more details.

Member's Name

Email Address

Phone Number

Policy Number(s)

Name of Bank/Credit Union

Routing Number

Account Number

☐ Checking

☐ Savings

Desired Payment Date
(cannot be the 29th, 30th, or 31st)

Payment Type:

☐ One Full Payment

*Pays your full balance
and avoids all service
charges*

☐ Installment Payments

*A \$3.00 EFT service charge
will be added to each
installment payment**

*Sign up for Paperless Billing to reduce
this service charge by \$2.00! Learn more:
mutualofenumclaw.com/payments

Authorization and Agreement

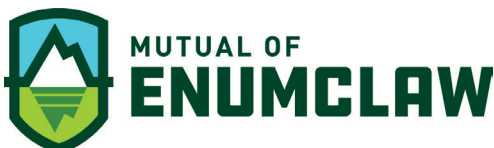
I authorize Mutual of Enumclaw to instruct the financial institution listed above to automatically deduct a payment from my checking or savings account each month. The amount will be deducted and transmitted to Mutual of Enumclaw as payment of my insurance premium. I understand that the institution has no obligation to make such a deduction unless full funds are available. I make this authorization subject to the following conditions:

- I have the right to recover the amount of any erroneous Mutual of Enumclaw deduction either by check or as a credit to my account.
- This agreement is continuous until terminated unless any transaction is not honored by the financial institution designated.
- This authorization may be terminated at any time by me or Mutual of Enumclaw by written notice to the other party.
- Mutual of Enumclaw will provide me written notification when the deduction amount changes by more than \$1.00.

**Please attach a voided check
or savings withdrawal slip.**

Signature

Date



Serving communities throughout:

Washington • Oregon • Idaho • Utah • Arizona • Montana • Wyoming

The home office of Mutual of Enumclaw Insurance Company and Enumclaw Property & Casualty Insurance Company is located at 1460 Wells Street, Enumclaw, Washington 98022