

P.O. Box 338 114 SW Railroad Street Enfield, NC 27823 252-445-4201 1-800-682-9696 Fax 252-445-4107

Dear Insured,

Halifax Mutual now offers the availability for you to set up an automatic draft in order to pay your insurance premiums. We strive to offer the utmost in customer service, and we believe this is another way we can make it easier for you to do business with us. You can have your premiums directly withdrawn from your checking account or credit card without incurring additional charges. Our payment plans are annual, semi-annual and quarterly. The semi-annual and quarterly plans incur a \$3.00 charge per billing cycle. These fees can be avoided if you allow us to deduct your premium payments directly from your checking account or credit card. We will withdraw your premium 1 day prior to the due date to insure you do not incur a lapse in coverage. You can enroll by completing the information on the Direct Debit Payment Agreement form below. Simply make your selection and return to our office with your initial payment. The Direct Debit Payment will then be set up to take effect at your next premium due date. The Direct Payment option will remain in effect for as long as you keep your insurance with our Company. You can request to have the payment plan stopped at any time.

DIRECT DEBI I (we) hereby authorize Halifax Mutual Insurance credit card, at the financial institution listed below, f		es to my (our) checking account o
POLICY NUMBER:	BANK NAME:	
ABA ROUTING NO:	BANK ACCT NO:	
OR		
CREDIT CARD NO:	EXP DATE:	CVS NO:
CREDIT CARD TYPE:	CURRENT PHONE NO:	
BILLING ADDRESS FOR CARD	CITY/STATE/ZIP:	
NAME AS IT APPEARS ON CREDIT CARD or BAI	NK ACCOUNT:	
ACH PAYMENT PLAN SELECTION: (CIRCLE ON	NE)ANNUALSEMI-ANNUA	LQUARTERLY
SIGNATURE:		
DATE		
PLEASE INCLUDE A "VOIDED CHECK" WITH Y	OUR SUBMISSION (if not sele	ecting the credit card option)

Your payment will be withdrawn 1 day prior to the Due Date which is based on the effective date of your policy. Once

the Direct Debit Payment is set up you will be provided a Pre-Authorized Payment Schedule showing the dates and amount of the payments to be withdrawn.

Either party may terminate this authorization by providing a thirty (30) day written notice which will reasonably afford Halifax Mutual Insurance Company and the Bank an opportunity to act on the termination request. Halifax Mutual may terminate the direct debit payment immediately by notice if any debits, within a policy renewal period, are not paid upon execution or presentation. Any debits not honored or that are returned due to Non-Sufficient Funds (NSF) will cause the policy to be canceled for non-payment of premium. A \$25 NSF fee will be incurred for any debits not honored or returned for insufficient funds.