STONETRUST®
COMMERCIAL INSURANCE COMPANY

Electronic Funds Transfer
Authorization Form

EFT eliminates direct bill service fees, check fees and postage! Fill out the questions below to start paying your bill by EFT. Or go to www.stonetrustinsurance.com to enroll and manage your EFT account. It only takes a few minutes and could save you a lot. ***Please include void check with EFT authorization form.***

BANK ACCOUNT HOLDER NAME AND ADDRESS

First Name: _____ **Last Name:** _____ **Suffix:** _____

OR

Company Name: _____

Email Address: _____

Address Line 1: _____

Address Line 2: _____

City: _____ **State:** _____ **ZIP:** _____ – _____

BANK ACCOUNT INFORMATION (Select One)

The information provided will be used by Stonetrust Commercial Insurance Company for the processing of your premium payment and will be kept confidential.

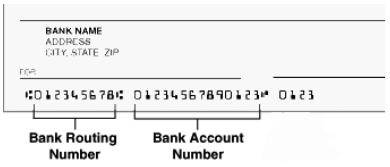
Bank Name: _____

☐ **Personal Account** – Checking ☐ **Personal Account** – Savings ☐ **Business Account** – Checking ☐ **Business Account** – Savings

ABA/ACH Routing Number: _____

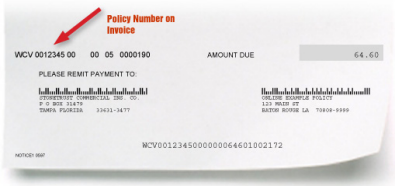
Checking or Savings Account Number: _____

Policyholder's Phone Number: _____



Write the policy number or quote number that you wish to enroll in the EFT program in the spaces below:

Policy #: WCV _____ or Quote #: _____



DEDUCTION AUTHORIZATION

By signing below, you are enrolling in the Stonetrust Commercial Insurance Company Electronic Funds Transfer payment plan. Your enrollment will be effective when you receive written notification. You authorize Stonetrust Commercial Insurance Company, as applicable, to initiate monthly deductions from your bank account identified above to pay the premiums for the indicated policy and any renewal thereof and to deposit any credits or refunds into the account. This authorization will remain in effect until Stonetrust Commercial Insurance Company and your bank receive timely written notice of your termination and a reasonable opportunity to cancel your enrollment.

Account holder's signature _____ **Date** _____

Note: Your payment will be withdrawn from your account one day before the due date of each installment and EFT can only be initiated at the beginning of a policy period.

Please mail or fax this completed form to:

Mail to:
Stonetrust Commercial Insurance Company
5615 Corporate Blvd., Suite 700
Baton Rouge, LA 70808

Fax to: 866-923-1871