

ARBELLA®

AUTOMATED PAYMENT PLAN AUTHORIZATION FORM

- **Complete and submit the authorization form.** (Only available for Massachusetts personal and commercial auto, homeowners and dwelling fire policies.)
- **Continue making regular payments while the Automated Payment Plan is being set up. You will receive a letter in the mail from Arbella indicating the month in which automated payments will begin. It may take up to 30 days for the plan to begin.**

I understand that if my monthly payment amount changes Arbella will notify me in writing at least 10 days prior to the due date of such payment.

Any transaction that is returned by your bank for insufficient funds will result in a \$25.00 fee and the immediate suspension of this payment option until the amount of the transaction is replaced with a money order or bank check.

I understand that my financial institution will provide me with additional information about the terms of my automated payment plan before it begins.

Please enter the following information:

Applicant / Company Information

Name:

Driver's license number: (if applicable)

Phone number:

E-mail address:

Policy Information

Arbella policy numbers:

(Only available for Massachusetts personal and commercial auto, homeowners and dwelling fire policies. Please separate the policies with a

Please indicate the policy type(s) for which you are requesting automated payments:

Personal Auto Commercial Auto Homeowners Dwelling Fire

Financial Institution Information

Name:

City:

State:

Account to use for the Automated Payment Plan:
(Please enter information for one account only)

Checking account #

Savings account # (Passbook accounts are not eligible)

ABA Routing # (click [here](#) for routing number example)

[Reset](#) | [Submit](#)