

Sign up for Plymouth Rock E-Z Paid®

No finance charges...no late fees...no check writing...no worries

- You'll **save money** – because E-Z Paid means **no interest charges** on your outstanding balance.
- You'll **never pay a late charge** because your E-Z Paid **payment is automatically made at the right time**.
- You'll **save time** – because you **won't be wasting time writing checks**.
- You **won't ever have to worry** about your insurance payment again.
- And you can drop out of the plan at any time by contacting Markham Priest Insurance agency.

Here's how Plymouth Rock E-Z Paid works:

1. Please complete the form below, providing authorization for your monthly premium payments to be automatically deducted from your checking account.
2. Include a deposit equal to 20% of your total car insurance policy premium.
3. Attach a voided check or savings deposit slip (if available) to the completed application form.
4. Plymouth Rock will send you a schedule for 10 additional payments, detailing amounts and the dates the payments will be deducted from your checking account.
5. If changes are made to the policy, you'll receive a new payment schedule.

Complete this application, attach a voided check or savings deposit slip and a deposit equal to 20% of your total premium and mail to:

**Markham Priest Insurance
PO Box 310
Ayer, MA 01432**



Yes! I want to enroll in Plymouth Rock E-Z Paid®

Name (please print) _____

Street _____ Apartment No. _____

City _____ State _____ Zip _____

Daytime Phone _____ Today's Date _____

Policy Number(s) _____ Name of Bank _____

Bank Routing No. _____ Savings Checking Account No. _____

Signature of Account Holder _____

Authorization Agreement: I hereby authorize Plymouth Rock Assurance Corporation to initiate monthly withdrawals from my checking account as premium payments on the indicated insurance policies become due. I hereby authorize the financial institution on which the enclosed check is drawn to accept withdrawals initiated by Plymouth Rock Assurance Corporation. I make the authorization subject to the following conditions: (1) Plymouth Rock Assurance Corporation will notify me in writing of the amount of the monthly deductions and will notify me again if the deductions change due to changes in premium; (2) I have the right to recover any erroneous deductions by Plymouth Rock Assurance Corporation, either through a credit to my account or by direct reimbursement; and (3) I have the right to terminate this authorization at any time by notifying Plymouth Rock Assurance Corporation in writing.