# PREMIUM PAYMENT SUPPLEMENT

**AGENCY CUSTOMER ID:**

## PAYMENT PLAN

<table>
<thead>
<tr>
<th>BILLING ACCOUNT #</th>
<th>PAYMENT PLAN</th>
<th>DEPOSIT AMOUNT: $</th>
<th>EST TOTAL PREMIUM: $</th>
<th>PAYMENT METHOD</th>
<th>MAIL POLICY TO:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIRECT BILL - POLICY</td>
<td>FULL PAY</td>
<td></td>
<td></td>
<td>CASH</td>
<td>AGENT</td>
</tr>
<tr>
<td>DIRECT BILL - ACCT</td>
<td>BI-MONTHLY</td>
<td></td>
<td></td>
<td>CHECK</td>
<td>INSURED</td>
</tr>
<tr>
<td>AGENCY BILL</td>
<td>ANNUAL</td>
<td></td>
<td></td>
<td>PRE-AUTHORIZED DRAFT / CHECK (PAC)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SEMI-ANNUAL</td>
<td></td>
<td></td>
<td>CREDIT CARD</td>
<td></td>
</tr>
<tr>
<td></td>
<td>QUARTERLY</td>
<td></td>
<td></td>
<td>EFT</td>
<td></td>
</tr>
</tbody>
</table>

## BILLING

- DIRECT BILL - POLICY
- DIRECT BILL - ACCT
- AGENCY BILL

## PAYOR

- INSURED
- MORTGAGEE

## FOR EFT, PAC OR CHECK

- BANK / ABA NUMBER
- ACCOUNT NUMBER
- CHECK / REFERENCE NUMBER
- FIRST PAYMENT DUE DATE
- DAY OF MONTH DUE

## FOR PAYROLL DEDUCTION

- EMPLOYEE ID
- NUMBER OF DEDUCTIONS
- EMPLOYEE NAME
- EMPLOYER NAME

## FOR CREDIT CARDS (Not applicable in North Carolina)

- CREDIT CARD COMPANY
  - AMERICAN EXPRESS
  - DISCOVER
  - USA
  - MASTERCARD
  - VISA

## REMARKS

(Attach ACORD 101, Additional Remarks Schedule, if more space is required)