



SEC AUFIN

**The Horace Mann Companies**

1 Horace Mann Plaza  
 Springfield, IL 62715  
 Fax 217-788-5161

**Authorization for Auto Easy Pay**

Establish New Easy Pay       Change bank account or draft date       Terminate Easy Pay

Insured name \_\_\_\_\_ Account owner name \_\_\_\_\_

Routing # (9 digits) \_\_\_\_\_  Checking       Savings

Financial Institution name \_\_\_\_\_ Account # \_\_\_\_\_

**Example: Where to find routing & account number**



Policy # _____	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 15 <sup>th</sup> Monthly draft date
Policy # _____	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 15 <sup>th</sup> Monthly draft date
Policy # _____	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 15 <sup>th</sup> Monthly draft date
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Policy # _____	<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 15 <sup>th</sup> Monthly draft date



**Authorization**

I authorize the Horace Mann Companies (Horace Mann Insurance Company, Horace Mann Property and Casualty Insurance Company, and Teachers Insurance Company) to deduct from my account the amount billed for payments due on this policy. I understand that the amount to be deducted from my account may change based on changes in the premium upon renewal or added/deleted coverages without further authorization from me. I further understand that I must provide the company 30 days advance written notice of any changes to my bank information or cancellation of this authorization. I also understand that the company reserves the right to cancel this if within any policy period any two amounts are not paid upon presentation. I agree to pay any premiums or fees due upon termination of this agreement for any reason or upon discontinuance of this program by the company.

Date \_\_\_\_\_

Signature of account holder \_\_\_\_\_

## Terms & Conditions for Auto Easy Pay (Electronic Funds Transfer)

1. Each month your checking or savings account will be debited for your required payment. The only exception to this is when a policy term has been paid off early, either by receipt of a cash payment or policy change, crediting the remaining balance due.
2. Deductions will not begin until we have received and processed this request. Once processed, we will mail notice of the first deduction date and the monthly amount due, no less than 13 days from the next available deduction date.
3. You agree that the amount to be deducted from your account may change based on changes in the premium upon renewal or added/deleted coverage's without further authorization. If a change occurs that increases your deduction amount by \$2.00 or more, we will mail notice of this change no less than 13 days before the next scheduled deduction date. If a change occurs that decreases the deduction amount by \$2.00 or more, we will mail notice of the change no less than five days before the next scheduled deduction date. We do not send notice of changes that are less than \$2.00.
4. You agree to give the Horace Mann Companies (Horace Mann Insurance Company, Horace Mann Property and Casualty Insurance Company, and Teachers Insurance Company) no less than 30 days advance written notice to change any banking arrangement that affects or is affected by this authorization.
5. If we are unable to process a deduction from your financial institution for any reason other than insufficient funds (NSF) and we do not have a written notice to change the account, we will notify you by mail requesting that you contact us for payment resolution. If you do not contact the Horace Mann Companies (Horace Mann Insurance Company, Horace Mann Property and Casualty Insurance Company, and Teachers Insurance Company) within ten days, your policy will be removed from Easy Pay and you will be billed for the remaining balance due.

If we are unable to process a deduction from your financial institution due to an (NSF), we will resubmit the transmission to request withdrawal. If we are still unable to collect payment due, we will bill you directly for the missed payment plus the next payment. If we receive the amount billed by the due date, we will continue automatic deductions the following month. If we do not receive the amount billed by the due date, your policy will cancel for nonpayment of premium. You may also be billed directly for any uncollected premium needed to pay for coverage provided up to the cancellation date.

Your financial institution may charge an insufficient funds fee for each unsuccessful attempt to deduct. We are not responsible for these fees charged by your financial institution if we properly mail notice to your last known address or do not receive at least 30 days advance written notice to change the account or stop deductions.

6. If any two amounts are not paid upon presentation within any policy period, we reserve the right to cancel your Easy Pay authorization and bill you directly for the remaining balance due. If this occurs, you cannot qualify for Easy Pay deductions for one year.
7. A nominal fee is charged in some states for each policy using Easy Pay. This fee is displayed on your policy Declarations and/or your policy renewal premium notice. This fee is spread among the total deductions made within the policy term. Please check with your agent or the Customer Contact Center to verify the fee amount in your state.
8. Horace Mann Companies (Horace Mann Insurance Company, Horace Mann Property and Casualty Insurance Company, and Teachers Insurance Company) reserve the right to modify these Terms & Conditions.

Questions? Call your agent or the Customer Contact Center at 800-999-1030. Easy Pay Terms & Conditions can be accessed from [Horacemann.com](http://Horacemann.com).