

GUARD INSURANCE GROUP'S

Direct Draft Program

Let us take care of your payments for you!

At GUARD Insurance Group, we recognize the amount of time (and money) our policyholders spend issuing and mailing checks to vendors. We understand your frustration when mail delays occur and otherwise timely payments end up *late*. We're all too familiar with these issues because we run a business just like you! For all of these reasons, we are pleased to introduce to you our **Direct Draft Program**. Available to direct bill policyholders only, this electronic fund transfer system is designed to:



- Pay your premium installments for you (which eliminates the cost of issuing and mailing checks).
- Offer FREE installment billings (because installment fees will not be charged).
- Renew with your policy for you!

By working with our bank's pre-authorized debit program and your financial institution, we will process an automatic debit against your business bank account on the scheduled installment due date. All you need to do is provide us with the written authorization form below along with your bank information, and we'll take care of the rest! Twenty (20) days prior to each installment due date, we will send a *Notice of Premium Due*, advising you of the amount that will be debited from your account. (Final audits will be handled similarly.)

If you are interested in taking advantage of this option (which can be rescinded by you at any time), please send your completed form to us at **the address shown below** or contact our **Customer Service Hotline** at 1-800-673-2465 for more information.

Your Business is Our Businesssm

Detach bottom portion along perforation and mail with your voided check/deposit slip to the address shown below.



I hereby authorize GUARD Insurance Group, specifically InterGUARD, Ltd., to initiate pre-authorized debit transfers on behalf of my business according to the information outlined below:

Workers' Comp Policy #: _____ Policy Type: New Renewal
(Answer only if your policy has already been issued.)

Name of Policyholder: _____

Bank Account #: _____ Account Type: Checking Savings

Bank Routing #: _____

Bank Name: _____
Name City State

Preferred Start Date: _____

Please attach a voided check/deposit slip to assist us in verifying your account information.

Authorized Signature: _____
Printed Name: _____
Phone Number: _____ Date Signed: _____



GUARD Insurance Group • Attn: Accounts Receivable • P.O. Box A-H • Wilkes-Barre, PA 18703-0020