Genesee Patrons Cooperative Insurance Company
218 East Main Street
Batavia, New York 14020-2282
Phone (585) 343-7307

AUTOPAY ENROLLMENT FORM

Genesee Patrons is pleased to offer an **AutoPay Plan**. With AutoPay, you can pick from 3 payment plans, and the payment will be automatically drafted from either your checking account or bank/credit card. **All payments will be drafted 3 days prior to the due date.** To enroll or make changes to your plan, please send this form to accounting@gpins.net.

CHOOSE PAYMENT METHOD

Installment Plan	Amount Billed	Fee	Billing Schedule
☐ 1 (Annual)	100% Paid on due date	No Fee	Paid in full on initial due date
☐ 2 (Semi-Annual)	50% Each + Fee	$4.00 on 2nd installment	1st: Original due date 2nd: 180 days from effective date
☐ 4 (Quarterly)	25% Each + Fee	$4.00 on 2nd, 3rd, & 4th installments	1st: Original due date 2nd: 90 days from effective date 3rd: 180 days 4th: 270 days

Policyholder Name: _____

Policy Number: _____

Name on Bank Account/Card: _____

Billing Address for Account/Card: _____

ACH PAYMENT (no surcharge)

Bank Name: _____

Routing # (9 digits): _____ Account #: _____

CARD PAYMENT (3.1% surcharge applies to credit cards only)

Card Type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number: __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ Exp. Date: _____ Security Code: _____

Date of Birth (required for individuals): _____

Email Address (recommended): _____

Signature Authorization: By signing below, you are authorizing GP to draft funds from the account or card indicated above.

Print Name	Signature	Date
_____	_____	_____