

Direct Draft Authorization Form

Please select one:

Recurring Draft (no installment fees)

Preferred method of receiving direct draft billing statement:

Email to: _____

Fax to: _____

One-Time Draft

Amount: \$ _____

Not an available option for policyholders on self-reporting payment plans. One-time direct drafts will be charged an installment fee up to \$7 in select states.

Policyholder Name: _____ Policy #: _____

Policy #: _____ Policy #: _____

Bank Name: _____

Name on Bank Account: _____

Bank Account #: _____ Bank Routing #: _____

Optional: Attach a voided check to assist us in verifying your account information.

Agreement: By signing below, you are enrolling in National Liability & Fire Insurance Company's ("NL&F") Direct Draft Program, authorizing NL&F with principal place of business at 100 First Stamford Place, Stamford, CT 06902 to disclose this document to the cited bank and to initiate an electronic transfer of funds from the bank account cited to pay the insurance premiums for the indicated policy(ies), and any renewals thereof, in accordance with either the one-time draft amount cited or per the payment terms of your insurance policy(ies). Any overpayment or refunds of premiums may be returned to the bank account cited. Attempted withdrawals encountering insufficient funds or a closed account may be assessed a fee up to \$20 (depending upon the state and subject to change with or without notice). Premiums may change in accordance with the terms and conditions of the policy or contract. If you are not the owner of any policy or contract identified above, you will not receive advance notice of any change in the amount of any authorized withdrawal with respect to such policy or contract. The owner of the policy or contract is responsible for ensuring that adequate premiums are paid to keep the policy/contract in force, even if the direct draft does not occur as scheduled or the amount drafted is insufficient. This authorization remains in effect until you notify NL&F otherwise in writing.

Authorized Signature: _____ Date Signed: _____

Printed Name: _____ Phone #: _____

We send Billing Statements to give you advance notice of each draft amount as a courtesy to you. (The procedure for calculating premium is set forth in your policy.) We cannot guarantee that you will receive this notice or that the notice will be received in advance of the Direct Draft. Regardless, payment is still due in accordance with your policy terms.

Please return the completed form to:

✉ NL&F Processing | P.O. Box 113247 | Stamford, CT 06911-3247

@ csr@nlf-info.com 📞 203-361-3846