

# CALIFORNIA'S VALUED TRUST

## Automatic Payment Plan Authorization (ACH)-Required

This form authorizes the automatic withdrawal of your insurance minimum monthly payment from a financial institution.

**To apply.** Please complete this form, **attach a voided check**, and return it with your payment.

Please continue to pay your bill until you receive notification by mail of enrollment.

**Questions? Please call 1-800-288-9870 during regular business hours.**

First name \_\_\_\_\_ MI \_\_\_\_\_

Last name \_\_\_\_\_

Daytime phone \_\_\_\_\_

E-Mail \_\_\_\_\_

**This form is for** (check one box only)

- New Automatic Payment enrollment
- Stop current Automatic Payment (please include account number)
- Update information for current Automatic Payment

CVT Acct # \_\_\_\_\_

**Premium Payment Date:**

Circle the day of the month below for automatic payment of your premium

**1      2      3      4      5**

**Payment Information**

Financial Institution Name \_\_\_\_\_

Checking       Savings

Name on account \_\_\_\_\_

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Jim Smith 1800 Place Dr. Fresno, Ca 93710	215 90-8105/1222
<b>SAMPLE CHECK</b>	
Pay to the Order of _____	<b>VOID</b> _____ \$ Dollars
XYZBank Costa Mesa, CA 92626 For _____	
:122281057   :2010000225588    •215 ROUTING#      ACCOUNT#	

I agree to the Pre-Authorized Automatic Payment Plan Terms and Conditions mentioned below.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please attach a voided check to this form and return it with your insurance payment, or mail to:**

California's Valued Trust  
520 E. Herndon Ave  
Fresno, CA 93720

**PRE-AUTHORIZED AUTOMATIC PAYMENT PLAN TERMS AND CONDITIONS**

1. By submitting the Automatic Payment Authorization Form to CVT, I authorized my bank or credit union (financial institution) to honor CVT's electronic funds transfer/ACH request for the policies selected on the form.
2. My authorization will remain in effect until 6-8 weeks after I notify CVT in writing that I wish to terminate my authorization.
3. Submission of an Automatic Payment Authorization Form to CVT is not effective unless accepted by CVT. I acknowledge that CVT may decide not to accept my Automatic Payment Authorization form for any reason or for no reason.
4. CVT reserves the right to terminate my Automatic Payment plan without notice if payment requests are refused by my financial institution for any reason. CVT also reserves the right to terminate my Automatic Payment plan for any other reason upon 30 days notice.
5. CVT reserves the rights to change these Terms and Conditions at any time so long as I am given at least 30 days notice of change.
6. Payment is considered made only if CVT actually receives funds. In addition, CVT will charge \$15.00 for a dishonored payment. I acknowledge that some financial institutions treat a dishonored payment much like a dishonored check and charge fees accordingly.
7. I acknowledge that, if I change my financial institution I must complete a new Automatic Payment Authorization Form.
8. If CVT or my financial institution is prevented from processing a payment due to catastrophes or other causes beyond the control of CVT or my financial institution, the payment will be processed at the earliest opportunity when services are restored.