



GOODVILLE MUTUAL CASUALTY COMPANY

625 West Main Street, PO Box 489
New Holland, PA 17557-0489
www.goodville.com

EFT APPLICATION

Select one: New Application Change

Goodville must receive the EFT Application and a voided check prior to the due date shown on the Premium Bill.

Policies to be included in EFT:

Named Insured shown on the dec page:	Policy Number:	Payment Options:
_____	_____	6 Month Auto Policy:
_____	PA _____	<input type="checkbox"/> 1 pay <input type="checkbox"/> 2 pay <input type="checkbox"/> 3 pay <input type="checkbox"/> Monthly
_____	_____	Withdrawal day _____
_____	_____	All other 12 Month policies:
		<input type="checkbox"/> 1 pay <input type="checkbox"/> 2 pay <input type="checkbox"/> 4 pay <input type="checkbox"/> 6 pay <input type="checkbox"/> Monthly
		Withdrawal day _____
		<input type="checkbox"/> 1 pay <input type="checkbox"/> 2 pay <input type="checkbox"/> 4 pay <input type="checkbox"/> 6 pay <input type="checkbox"/> Monthly
		Withdrawal day _____

If you want to pay your second policy from a different checking or savings account, please complete a separate EFT application.

Authorization for Direct Payment:

I authorize Goodville Mutual and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify Goodville Mutual in writing to cancel it. I can stop payment of any entry by notifying Goodville Mutual in writing **3 days before** my account is charged. If your payment is declined or returned by your financial institution, you will be charged a \$25.00 processing fee.

Please withdraw funds from the following account:

Name of Financial Institution: _____

Address of Financial Institution: City _____ State _____ Zip _____

Financial Institution Routing Number: _____

Account Number: _____ Checking Savings

Name: _____

Address: _____

Signature: _____ Date _____

This form can be mailed to the address above or faxed to 717-354-5158.

Cut here and retain for your records

Date: _____ I authorized Goodville Mutual to initiate electronic entries to my:

Account Number: _____ Checking Savings

and have agreed to the terms listed on the Authorization for Direct Payment. If your payment is declined or returned by your financial institution, you will be charged a \$25.00 processing fee. I may revoke my authorization with Goodville Mutual at any time by notifying them in writing at 625 West Main Street, PO Box 489, New Holland, PA 17557 or sending an email to accounting@goodville.com.

Initial payment amount: \$ _____ Policy Number: _____