



## Premium Payment Options

### If Applicable Please Enter:

Applicant Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

To avoid a gap in your insurance protection we must receive payment by the policy effective date.

**Option 1:** Mail your check for the **Annual Premium (including all applicable state taxes and surcharges)Net of your commission** payable to the **Herbert H. Landy Insurance Agency Inc.**, 100 River Ridge Drive, Suite 301, Norwood, MA 02062.

**Option 2:** Sign and complete this form to authorize **Herbert H. Landy Insurance Agency Inc.** to make a onetime debit to your checking or savings account.

By signing this form you give us permission to debit your account for the amount indicated. . This is permission for a **single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.**

**\*\*\*\*\*Please fax this form to 800-344-5422 or email to payment@landy.com\*\*\*\*\***

### Please complete the information below:

I \_\_\_\_\_ authorize **Herbert H. Landy Insurance Agency Inc** to charge my bank account

Indicated below for \$ \_\_\_\_\_ (**Annual Premium or deposit if financing including all applicable state taxes and surcharges**) Less your commission (commission based on gross premium only) , for a total of \$ \_\_\_\_\_

Account Type:  Checking  Savings

Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

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

Bank City/State \_\_\_\_\_



SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that because this is an electronic transaction, these funds may be withdrawn from my account within a processing window of 1 to 7 business days from the time The Herbert Landy Insurance Agency is in receipt of this signed and dated form . In the case of the payment being rejected for Non Sufficient Funds (NSF) I Agree The **Herbert H. Landy Insurance Agency Inc** may at its discretion attempt to process the charge again, once for an additional **\$25.00** NSF fee. The charge will be initiated as a separate transaction from the authorized payment. If the payment is rejected a second time, Certified funds will be required and will include an additional \$50.00 fee for the two previously rejected transactions. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute The **Herbert H. Landy Insurance Agency Inc** billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.

**Option 3:** Premium Financing is provided by Imperial Premium Financing Specialist Inc. An initial minimum down payment of 20% will be required. The balance will be financed over 9 months. If you would like to finance your premium please either mail your check made payable to the Herbert H. Landy Insurance Agency for your down payment or use option #2.

Note: If you are purchasing an Express two year policy; two financing options are available to you:

1. Finance each year individually with a 20% D/P and 9 installments.
2. Finance the full 2 year premium with a 25% D/P and 12 installments.

If you have any questions, or need further assistance please do not hesitate to contact us.

**The Herbert H. Landy Insurance Agency Inc.**  
100 River Ridge Drive | Suite 301 | Norwood, MA 02062  
Tel: (800) 336-5422 | Fax: (781) 449-7908  
[www.landy.com](http://www.landy.com)