



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., 75 Second Ave, Suite 410, Needham, MA 02494.

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I understand that because this is an electronic transaction, these funds may be withdrawn from my account within a processing window of 1 to 7 business days from the time The Herbert Landy Insurance Agency is in receipt of this signed and dated form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.
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Tel: (800) 336 - 5422 Fax: (781) 449 - 7908
Visit our website @ www.landy.com