



AUTO PAY

YES, I want to make a **ONE TIME PAYMENT**.


YES, I want to pay my **DEPOSIT PREMIUM AND INSTALLMENTS CONTINUOUSLY** until I notify ClearPath Mutual, in written form, to cancel.

I prefer to **PAY BY CHECK**.

AUTOPAY
Fax or email the form to:
Fax #: 502.894.0066
Email: accounting@clearpathmutual.com

BY CHECK
Mail your check to:
P.O. Box 32160
Louisville, KY 40232-2160

QUESTIONS?
Call 502.894.8484

**AUDIT PAYMENT ALERT**
Your AutoPay Premium account **DOES NOT** automatically process your audit payment, even if you are setup on a recurring AutoPay plan. Audit payments can be made online or by check.

POLICY TYPE:

RENEWAL POLICY #: _____

NEW APPLICATION #: _____

INSURED NAME: _____

BANK ACCOUNT#: _____ BANK ROUTING#: _____

BANK NAME: _____
NAME CITY STATE

TYPE OF BANK ACCOUNT: CHECKING SAVINGS

AMOUNT (IF ONE-TIME PAYMENT): _____

I hereby authorize ClearPath Mutual Insurance Company to initiate a pre-authorized debit transfer on behalf of my business for the one-time or recurring payments designated above. Authorization of recurring payments according to the policy installment schedule will remain in force until written notice of termination is received by ClearPath Mutual.

AUTHORIZED SIGNATURE: _____

PRINT NAME: _____

DATE SIGNED: _____ PHONE #: _____

EMAIL ADDRESS: _____

Note: ClearPath Mutual agrees to be bound by the Rules of the National Automated Clearing House Association (NACHA).



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