



Electronic Funds Transfer Authorization Form (FIRST AUTO ONLY)

Electronic Funds Transfer (EFT or ACH) is an automatic payment feature. If you enroll, the following terms and conditions will apply:

1. Premium as well as related charges that will be charged in addition to regularly scheduled premium payments, including, where applicable, endorsement, final audit or retro adjustment premiums for prior policy terms, will be automatically deducted from your account when determined and due.
2. If any automated ACH is dishonored due to insufficient funds, a fee will be charged and the applicable policy or policies are subject to cancellation for non-payment of premium. If the automated ACH which is dishonored is the payment of an endorsement, final audit or retro adjustment premium processed for the prior policy term, the current policy term is subject to cancellation.
3. This automated payment feature will remain authorized and in effect until terminated by you in writing upon reasonable notice. As used herein, reasonable notice shall be at least ten (10) days prior to the next scheduled date of automated payment of premium and related charges.
4. If you want to change the banking information, please provide at least 10 days notice prior to the next scheduled withdrawal date.

The above terms and conditions are subject to change upon 30 days notice.

To enroll, complete the form below and return to First Insurance Company of Hawaii, Ltd.; P.O. Box 2866; Honolulu, HI 96803.

Name Insured: _____ Policy Number: _____

Daytime Phone Number: _____

Select one option: ☐ Annual ☐ 2-pay plan ☐ 4-pay plan ☐ 11-pay plan

If selecting a 2, 4, or 11 pay plan, use for all installment payments: ☐ Yes ☐ No

Select one option: ☐ Checking (attach a voided blank check) ☐ Savings

Account Holder Name: _____

Bank Account Number: _____

Bank Routing/Transit (ABA) Number: _____

Financial Institution: _____

ACH Agreement: I hereby agree that I have read and do understand the terms and conditions as set forth above, and I further authorize First Insurance Company of Hawaii, Ltd. to transfer funds from the indicated account for the purpose of paying premium and related charges under the indicated policy or policies of insurance. This authorization shall remain in effect until cancelled or in the event the indicated policy or policies of insurance are lapsed, non-renewed, or otherwise cancelled.

Account Holder's Signature: _____ Date: _____

Below is an example of where to find your bank information:

