

# **GMI EASY PAY**

## **ACH AUTHORIZATION FORM**

*"Making our Clients Business More Efficient"*

Did you know that on average, it cost over \$100 to handle a paper invoice from receipt to payment? GMI is excited to offer you the convenience of paying your monthly insurance premium electronically through your bank account. Save almost \$5.00 on stamps and avoid the hassle of writing checks, stuffing envelopes and going to the post office by enrolling in **GMI Easy Pay**. It's secure, easy and FREE to start. Please complete the agreement below and fax this form to 610-933-4993, Attention: Brian Poet or email [Bpoet@GMI-Insurance.com](mailto:Bpoet@GMI-Insurance.com)

**PLEASE PRINT CLEARLY**

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Policy#: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Account Type:  Checking  Savings

Frequency:  One Time Payment \$ \_\_\_\_\_  Recurring Payment

**Note: Please fax or email this form back along with a copy of your voided check**

=====

### **AGREEMENT**

I hereby authorize GMI to initiate debit entries to my account number indicated above at the financial institution named above and to initiate, if necessary, credit entries or adjustments for any debit error. The information contained herein will be used only for this purpose and will remain in place until I provide GMI written notification of my intent to terminate the authorization.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

**FAX TO: 610-933-4993 , ATTENTION: BRIAN POET  
or email this form to [BPoet@GMI-Insurance.com](mailto:BPoet@GMI-Insurance.com)**