Tired of trying to remember to pay your bills on time?

Sign up Today for Monthly Auto Pay

We are pleased to allow you to pay your insurance premiums through monthly pre-authorized debit transactions at no additional cost. If you would like to take advantage of this payment option, please complete the steps below.

1. Complete Monthly Auto Pay Authorization Form

I hereby authorize BPC Financial to initiate debit entries and to initiate, if necessary, credit entries as adjustments for any debit entries in error to my account at the Bank (or other Financial Institution) named below. I also authorize said Bank to debit and, if necessary, credit the amount of those entries to my account made payable to the order of BPC Financial.

I understand and agree that:

1) My premium will be drafted between the 1st and 10th day of each month;
2) This authority is to remain in full force and effective until I provide written notification to BPC Financial that I wish to revoke it. I will provide BPC Financial thirty (30) days to act on my written notice;
3) BPC Financial and my Bank may discontinue this service;
4) The initiation of such debit or draft shall constitute due notice of premiums being due for a policy of insurance on my behalf and/or on behalf of my eligible dependents. Should my Bank dishoner and such debit or draft for any reason, it will be my responsibility to make payment arrangement with BPC Financial within the grace period to prevent lapse or possible termination due to nonpayment. BPC Financial will not be held responsible for a policy lapse or cancellation due to nonpayment if withdrawal is prepared and not honored for any reason and amount due is not paid; and
5) I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

ACCOUNTHOLDER INFORMATION (premium payor)

Name of Insured/Employer	Name of Bank or Financial Institution
Name (s) as Appears on Account	City ST ZIP
X	
Signature of Premium Payor (must be identical to bank account)	Signature (If joint account, both signatures required)

2. Attach Voided Check Here

NOTE: IF THE ACH DEBIT IS RETURNED FOR NONSUFFICIENT FUNDS. A $25 NONREFUNDABLE SERVICE FEE WILL BE APPLIED WHEN ALLOWED BY LAW.

3. Fax or Mail to:

BPC Financial, 7645 Gate Parkway, Suite 101, Jacksonville, FL 32256 Facsimile (904) 396-2091