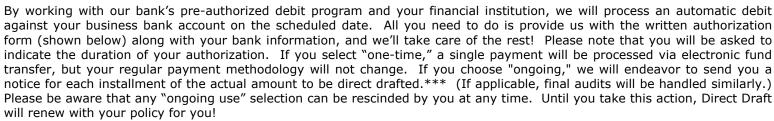
BERKSHIRE HATHAWAY GUARD INSURANCE COMPANIES'

Direct Draft Program

Let us take care of your payments for you!

We recognize the amount of time (and money) our policyholders spend issuing and mailing checks to vendors. We understand your frustration when mail delays occur and otherwise timely funds end up arriving late.* Also, we realize you sometimes need to get an acknowledgment of payment the same day to avoid a lapse of coverage which could occur for a variety of reasons! Available to direct bill policyholders only, our **Direct Draft Program** – an electronic fund transfer (EFT) system – is designed to:

- Pay your premium installments for you (which eliminates the cost of issuing and mailing checks).
- Offer FREE installment billings (because installment fees will not be charged).**



If you are interested in taking advantage of this option, please send your completed form to us at the address shown below. When time is of the essence, you may fax a copy to **570-820-7968**. If you have any questions, feel free to contact Customer Service at 1-800-673-2465 for more information.

- * Due to the high costs associated with handling delinquent payments, a \$10.00 late fee will be incurred by policyholders in a number of states throughout our operating area each time an installment payment is received five or more days after the due date. By electing to participate in our Direct Draft Program and letting us take care of your premium payments for you, this fee will be avoided.
- ** Free installments do not apply to one-time use of Direct Draft.
- *** We send Billing Statements to give you advance notice of each draft amount as a courtesy to you. (The procedure for calculating premium is set forth in your policy.) We cannot guarantee that you will receive this notice or that the notice will be received in advance of the direct draft. Regardless, payment is still due in accordance with your policy terms.

Direct Draft Authorization

guarantee that you will receive this notice or that the notice will be received in advance of the Direct Draft. Regardless, payment is still due in accordance with your policy terms.

I hereby authorize		to initiate pre-authorized debit transfers ongoing, using the information outlined below:	
on behalf of my business for (select one)	one-time use	$m{pngoing}_{\ell}$ using the information outlined below:	
Policy(ies):		licy # and/or type (i.e., Comp, etc.); also indicate new or renewal.	
(If this authorization applies to multiple polic	ies, list all. For each, include the pol	licy # and/or type (i.e., Comp, etc.); also indicate new or renewal.	
Name of Policyholder:			
Bank Account #:			
Bank Name:			
Name	City	State	
Preferred Start Date:	Amount (if one-time Direct Draft):		
Statement Delivery Preference:	☐ E-mail Fax # or E-	mail Address:	
(OPTIONAL) Attach a voided	l check to assist us in v	erifying your account information.	
Authorized Signature:	Date Sig	ned:	
Printed Name:			
Phone Number:			
We send Billing Statements to give you advance notice of ea	•	Berkshire Hathaway	

Attn: Accounting Services - PO Box A-H - Wilkes-Barre, PA 18703-0020 - FAX 570-820-7968

GUARD Companies