

At Explorer, we offer convenient payment options!

Our automated payment services are available 24 hours a day / 7 days a week. Use MasterCard, Visa or your checking account.

Enjoy our free online EPay payment services at www.explorer-epay.com

- Make one time payments.
- Save money by setting up automatic recurring payments:
 - Reduced installment fees.
 - Your payments are always on time.

Pay by Phone - 1.800.223.2242

Our friendly voice system will guide you through each step in English or Spanish.

Learn more at www.explorer-insurance.com

Not able to go online to setup automatic recurring payments? Use this convenient form

You can sign up by faxing or mailing this form. Be sure to include payment for any current bills due.

Policy Number:	(Example: ABU 1234567 01)		
Name on Policy:		SAMPLE CHECK	1234
Name on Checking Account:		Pay to the Order of	\$
Reason for submitting form:	 O I wish to set up a new REFT account. O I need to change my current REFT account. O Please cancel my REFT account. 	Bank Name Anytown, USA 99999 MEMO 1:1234567891: 12345678901	DOLLARS
Routing #:		Routing # Account #	CHECK#
Account #:			

By signing, I agree to these terms: 1. Allow up to 20 days for set-up, changes, or termination of electronic payment withdrawal to ensure time before your next withdrawal. 2. Explorer Insurance Company is authorized to initiate scheduled deductions from the bank account identified on this form for payment of premium on the insurance policy issued to me and any renewals thereof and the financial institution identified by the routing number on this form to accept and post entries to the account. 3. I represent that I am the owner and/or an authorized signer of the account. 4. This authorization allows Explorer Insurance Company to adjust the scheduled deductions to reflect any premium changes to my policy. Explorer Insurance Company agrees that it shall notify me in writing 7-10 days prior to making any deduction if there is a premium or due date change. Although payment will typically be withdrawn on the EFT Withdrawal Scheduled dates, allow several days for processing of the withdrawals from your account. 5. Explorer Insurance Company will not send me a bill before scheduled deductions are made and it is my responsibility to ensure sufficient funds are in the account at the time of each scheduled deduction. My policy may cancel or expire if there are insufficient funds in the account, which could cancel this agreement and remove my policy from electronic payment withdrawal. In addition to any fees charged by my bank, Explorer Insurance Company receives a written request from me to cancel my electronic payment withdrawal or until Explorer Insurance Company receives a written request from me to cancel my electronic payment withdrawal or until Explorer Insurance Company receives a written request from me to cancel my electronic payment withdrawal or until Explorer Insurance Company receives a written request from me to cancel my electronic payment withdrawal or until Explorer Insurance Company receives a written request from me to cancel my electronic payment withdrawal or until Explorer Insurance Company receives

Signature:

Date:

FAX TO: 661.775.5800 MAIL TO: Explorer, P.O. Box 906, Santa Clarita, CA 91380-9006