EZPay is good for customers and good for your business.

EZPay automates customer payments and lowers their costs. It's great for you, too, because it largely eliminates missed payments, a leading cause of coverage lapses and cancelled policies.



- We know it's more difficult to replace a customer than to keep one. EZPay customers have a much higher retention rate than those mailing in checks.
- Lowering the total cost shows customers you are looking out for them.
- Stop chasing late paying customers and instead talk to them about their coverage.
- Set-up is simple and quick and now electronic so there is no paperwork to track or keep.

 EZPay can save as much as \$58 per year in service fees compared to a 10-pay plan. (10-pay plan service fees total \$70 per year. EZPay monthly services fees total

- just \$12.)Payments are never forgotten or lost in the mail.
- Choosing the date of the month payment is charged or withdrawn helps customers with their budgeting.

Recommend EZPay to every customer making installments – it's good for you both.



AMsuite[®] Guide to EZPay

FOR NEW BUSINESS

To activate EZPay, when you've finished your new business submission, then open the Payment & Signatures page.



Make sure Billing Type is set to Recurring Electronic



- Enter the date payment will be taken
-) Select the payment plan
 - Define the payment method
- E Choose either an electronic signature (an email will be sent to your customer with an online authorization to complete), or
- **F** a traditional signature on a form you print (check the box, then click the View/Print button)

G When you have selected the signature, go back to the top of the page and select Bind Options, then Issue Policy to complete the process

FOR A CURRENT POLICY

To add EZpay to a current policy, open the customer's account and select the policy. Using the Actions list on the left, select Change Policy then Change Billing/Payments. Make the billing changes on the Payment & Signatures page.

Payment				
Premium Sur	mmary			
Total Addition	al Costs			
Total Cost	\$803.00			
	4005.00			
Billing Billing Mathe		- Direct	0.0	
Billing Method		• Direc	, DIII	
Renew To		Direc	t Bill	•
Billing Type		* Recu	ring Electronic *	
Date of Paym	ent	* 14		B
Billing Contac	t	John	Smith 🥯	
Total cost co	uld be significantly reduced if	f you choose to pay in f	ull. You may do this l	by selecting "Yes" to "Paid in Fu
Select	Rawie Sull	seo2.00	instailment	Remaining installments
ő	2 Pav	\$401.50	\$401.50	1
õ	4 Pay	\$200.75	\$200.75	3
Õ.	6 Pay	\$160.60		
		\$100.00	\$128.48	5
۲	Monthly Electronic Payment Scher	\$160.60 \$160.60 dule Estimator	\$128.48 \$64.24	5
Own Payme Amount Payment Met	Monthly Electronic Payment Scher ent Information	\$ 160.60 \$160.60 dule Estimator \$ 160 \$ ACH/	\$128.48 \$64.24 60 EFT Checking (xxxx0	5 10
Own Payme Amount Payment Met Check Numbe Recurring Ele Payment Met	Monthly Electronic Payment Schee ent Information hod er ectronic Payment Information	\$ 160.60 \$ 160.60 • \$ 160 • ACH/ ion • ACH/	\$128.48 \$64.24 60 EFT Checking (xxxx0 EFT Checking (xxxx0	5 10
Down Payme Amount Payment Met Check Number Recurring Ele Payment Met Required Sign	Monthly Electronic Payment Schee ent Information hod er ectronic Payment Information hod ature Forms	\$ 160.60 \$ 160.60 \$ 160.60 \$ 160. • \$ 160 • ACH/ ion • ACH/	\$128.48 \$64.24 60 EFT Checking (xxxx0 EFT Checking (xxxx0	5 10 000) ~ • •
Own Payme Amount Payment Met Check Numbe Recurring Ele Payment Met Signatures on re- signature by Prin- emailed to the	Monthly Electronic Payment Schee ent Information hod er ectronic Payment Informati hod ature Forms quired forms can be obtained two to nary Named Insured. Please choose roducer for signature before being ignature - Mobile Device Required Signature	s 160.60 \$160.60 dule Estimator • \$ 160 • ACH/ ion • ACH/ ways 1) Emailed to Primary IN an option below. Note: If e forwarded to the Primary N	\$128.48 \$64.24 .60 EFT Checking (xxxx0 Named Insured for electr lectronic signature is sela amed Insured.	5 10 000) • • • • 000) • • • onic signature, or 2) Printed for a tra- ected, the electronic envelope may fi
	Monthly Electronic Payment Schee ent Information hod er ectronic Payment Informati hod ature Forms quired forms can be obtained two a nary Named Insured. Please choose roducer for signature before being ignature - Mobile Device Required Signature	s 160.60 \$160.60 dule Estimator • \$ 160 • ACH/ ion • ACH/ ways 1) Emailed to Primary IN a n option below. Note: If e forwarded to the Primary N	\$128.48 \$64.24 .60 EFT Checking (xxxx0 Named Insured for electr lectronic signature is sela amed Insured.	5 10 000) \sim \odot D 000) \sim \odot onic signature, or 2) Printed for a tra- ected, the electronic envelope may fi

Coverage is subject to policy terms, conditions, limitations, exclusions, underwriting review and approval, and may not be available for all risks or in all states. Rates and discounts vary, are determined by many factors and are subject to change. Policies are written by one of the licensed insurers of American Modern Insurance Group, Inc., including American Modern Home Insurance Company d/b/a in CA American Modern Insurance Company (Lic. No 2222-8). CS_B_17002_V1 @ American Modern Insurance Group, Inc., 2017