ONLINE PAYMENT

➢ **Payment can only be made when there is an open invoice.**

➢ **Policy and Invoice Number required.**

➢ **If you elect to pay for your Commercial Renewal on the web, you automatically accept the offer for "Terrorism Coverage" as explained in the notice "Terrorism Coverage Disclosure Notice 2."**

STEP #1 - CLICK ONLINE PAYMENTS

STEP #2 – LOCATE POLICY AND INVOICE NUMBER ON TEAR OFF PORTION OF INVOICE

_____

PLEASE WRITE YOUR POLICY NUMBER ON YOUR CHECK AND RETURN
THIS STUB WITH YOUR PAYMENT IN THE ENVELOPE PROVIDED

INVOICE

Insured's Name: **JOHN DOE**   Policy Number: **0012345** – **18**

Date Billed	New Balance	Minimum Due	Due Date	Amount Enclosed
04/01/05	$335.00	$83.75	05/01/05	

Please make sure your check is made payable and sent to:

MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION
PO BOX 9693
MANCHESTER, NH 03108-9693

POLICY NUMBER SEVEN DIGITS

INVOICE NUMBER

STEP #3 – ENTER POLICY NUMBER

MPIUA
Massachusetts Property Insurance Underwriting Association

One-Time Payment

Please enter your banking and payment information below.

ENTER SEVEN - DIGIT POLICY NUMBER

Policy Number*: [0012345]

Invoice Number*: [ ]

Last Name on Policy*: [ ]

Zip Code of Mailing Address*: [ ]

Payor*: [▼]

Payment Account Type*: ○ Checking ○ Savings

Name on Bank Account*: [ ]

Bank Routing (ABA) Number*: [ ]

Bank Account (DDA) Number*: [ ]

Payment Date*: **3/28/2005**

Payment Amount*: $[ ]

* Required field

Where to find the Policy and Invoi...
Insured's Name and Mailing

JOHN DOE
555 MAILING STREET
CITY, STATE   01234

Policy Number   **Invoice Number**

Policy Number   0012345-18
Location: 222 LOCATION STREET CITY, STATE   98765

Any Payor ——— ➊   101
123 Any Street
Anywhere, State 00000   Date _____
Pay to the
order of _____ $ [ ]
For _____   _____
➋ ⑊123456789⑊ ⑈ 1234567 ⑈ 101 ➌

1. Name on Bank Account.
2. Bank Routing (ABA) Number.
3. Bank Account (DDA) Number.

[Clear]   [**Continue**]

STEP #4 – ENTER INVOICE NUMBER

MPIUA
Massachusetts Property Insurance Underwriting Association

One-Time Payment

Please enter your banking and payment information below.

Policy Number*:	0012345
Invoice Number*:	18
Last Name on Policy*:	
Zip Code of Mailing Address*:	
Payor*:	
Payment Account Type*:	☐ Checking ☐ Savings
Name on Bank Account*:	
Bank Routing (ABA) Number*:	
Bank Account (DDA) Number*:	

Payment Date*: **3/28/2005**

Payment Amount*: $

* Required field

ENTER INVOICE NUMBER
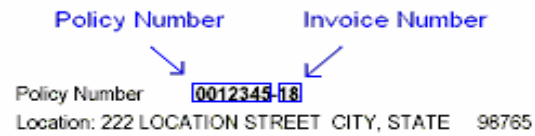
Where to find the Policy and Invoice Numbers on your invoice:

Insured's Name and Ma

JOHN DOE
555 MAILING STREET
CITY, STATE   01234

Policy Number   **Invoice Number**

Policy Number   0012345-18
Location: 222 LOCATION STREET CITY, STATE   96765

Any Payor ——— ❶   101
123 Any Street   Date _____
Anywhere,State 00000
Pay to the
order of _____ $ _____
For _____   _____
❷ ⑆123456789⑆ ⑈1234567⑈ 101 ❸

1. Name on Bank Account.
2. Bank Routing (ABA) Number.
3. Bank Account (DDA) Number.

Clear   Continue

STEP #5 – ENTER INSURED'S LAST NAME ON POLICY

STEP #6 – ENTER ZIP CODE OF MAILING ADDRESS

MPIUA
Massachusetts Property Insurance Underwriting Association

One-Time Payment

Please enter your banking and payment information below.

Policy Number*:	0012345
Invoice Number*:	18
Last Name on Policy*:	DOE
Zip Code of Mailing Address*:	01234
Payor*:	▼
Payment Account Type*:	○ Checking ○ Savings
Name on Bank Account*:	
Bank Routing (ABA) Number*:	
Bank Account (DDA) Number*:	
Payment Date*:	3/28/2005
Payment Amount*:	$

* Required field

Where to find the Policy and Invoice Numbers on your invoice:
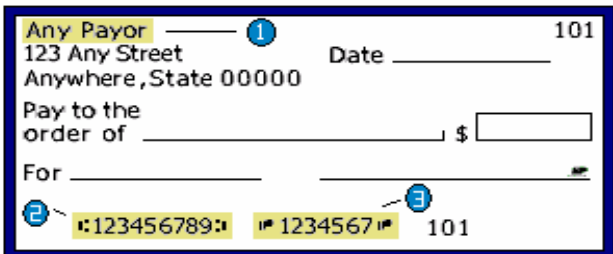Insured's Name and Mailing Address

JOHN DOE
555 MAILING STREET
CITY, STATE   0123

ENTER ZIP CODE OF MAILING ADDRESS

Policy Number   Invoice Number

Policy Number   0012345-18
Location: 222 LOCATION STREET CITY, STATE   98765

Any Payor ———— ①   101
123 Any Street   Date _____
Anywhere, State 00000
Pay to the
order of _____ $ [   ]
For _____   _____
② ⑊123456789⑊ ⑈1234567⑈ ③ 101

1. Name on Bank Account.
2. Bank Routing (ABA) Number.
3. Bank Account (DDA) Number.

[Clear]   [Continue]

STEP #7 – SELECT PAYOR

MPIUA
Massachusetts Property Insurance Underwriting Association

One-Time Payment

Please enter your banking and payment information below.

Policy Number*:	0012345
Invoice Number*:	18
Last Name on Policy*:	DOE
Zip Code of Mailing Address*:	01234
Payor*:	Insured ▼
Payment Account Type*:	○ Checking ○ Savings
Name on Bank Account*:	

Where to find the Policy and Invoice Numbers on your invoice:

Insured's Name and Mailing Address

JOHN DOE
555 MAILING STREET
CITY, STATE

SELECT PAYOR TYPE FROM DROP DOWN SELECTION LIST

Policy Number

Policy Number   0012345-18
Location: 222 LOCATION STREET CITY, STATE   96765

NOTE: AGENT CANNOT AUTHORIZE INTERNET INITIATED PAYMENT ON BEHALF OF THE INSURED.

Payment Date*: 3/28/2005
Payment Amount*: $

* Required field

Any Payor ───── ①		101
123 Any Street	Date _____	
Anywhere, State 00000		
Pay to the		
order of _____	⌐ $ [ ]	
For _____	_____	⌐
② ⌐:123456789:⌐ ⌐ 1234567 ⌐ 101		

1. Name on Bank Account.
2. Bank Routing (ABA) Number.
3. Bank Account (DDA) Number.

Clear   Continue

STEP #8 – SELECT PAYMENT ACCOUNT TYPE

STEP #9– ENTER NAME ON BANK ACCOUNT

MPIUA
Massachusetts Property Insurance Underwriting Association

One-Time Payment

Please enter your banking and payment information below.

Policy Number*:	0012345
Invoice Number*:	18
Last Name on Policy*:	DOE
Zip Code of Mailing Address*:	01234
Payor*:	Insured
Payment Account Type*:	○ Checking ○ Savings
Name on Bank Account*:	Any Payor
Bank Routing (ABA) Number*:	
Bank Account (DDA) Number*:	

Payment Date*: **3/28/2005**

Payment Amount*: $

* Required field
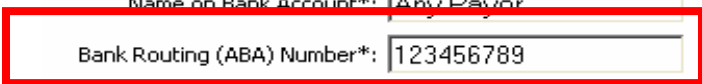
Where to find the Policy and Invoice Numbers on your invoice:

Insured's Name and Mailing Address

JOHN DOE
555 MAILING STREET
CITY, STATE   01234

Policy Number

Policy Number   0012345-1

Location: 222 LOCATION STREET CITY, STATE   98765

ENTER NAME ON BANK ACCOUNT

Any Payor ——— ① 101
123 Any Street
Anywhere, State 00000
Date _____
Pay to the
order of _____ $ [   ]
For _____   _____

② :123456789: :1234567: 101 ③

1. Name on Bank Account.
2. Bank Routing (ABA) Number.
3. Bank Account (DDA) Number.

Clear   Continue

STEP #10 – ENTER BANK ROUTING (ABA) NUMBER

STEP #11 – ENTER BANK ACCOUNT (DDA) NUMBER

MPIUA
Massachusetts Property insurance Underwriting Association

One-Time Payment

Please enter your banking and payment information below.

Policy Number*:	0012345
Invoice Number*:	18
Last Name on Policy*:	DOE
Zip Code of Mailing Address*:	01234
Payor*:	Insured
Payment Account Type*:	⦿ Checking ○ Savings
Name on Bank Account*:	Any Payor
Bank Routing (ABA) Number*:	123456789
Bank Account (DDA) Number*:	1234567
Payment Date*:	3/28/2005
Payment Amount*:	$

Where to find the Policy and Invoice Numbers on your invoice:

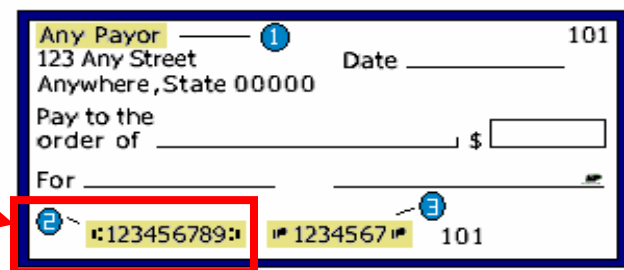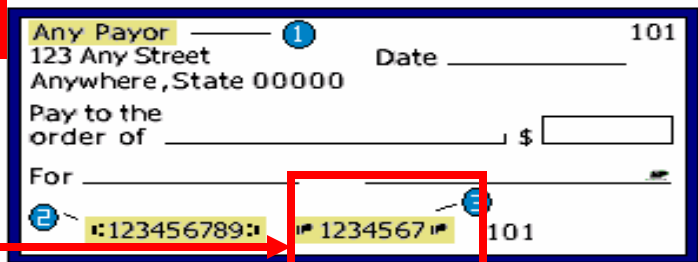Insured's Name and Mailing Address

JOHN DOE
555 MAILING STREET
CITY, STATE   01234

Policy Number   **Invoice Number**

Policy Number   0012345-18
Location: 222 LOCATION STREET CITY, STATE   96765

Any Payor ——— ① ——— 101
123 Any Street   Date _____
Anywhere, State 00000
Pay to the
order of _____ $ [   ]
For _____
② ⑆123456789⑆ ⑈ 1234567 ⑈ 101

**ENTER
BANK ACCOUNT (DDA)
NUMBER**

1. Name on Bank Account.
2. Bank Routing (ABA) Number.
3. Bank Account (DDA) Number.

[Clear]   [Continue]

STEP #12 – ENTER PAYMENT AMOUNT

MPIUA
Massachusetts Property insurance Underwriting Association

One-Time Payment

Please enter your banking and payment information below.

Policy Number*:	0012345
Invoice Number*:	18
Last Name on Policy*:	DOE
Zip Code of Mailing Address*:	01234
Payor*:	Insured
Payment Account Type*:	⊙ Checking ○ Savings
Name on Bank Account*:	Any Payor
Bank Routing (ABA) Number*:	123456789
Bank Account (DDA) Number*:	1234567

Payment Date : 3/28/2003
Payment Amount*: $ 335.00

* Required field

ENTER PAYMENT AMOUNT

Where to find the Policy and Invoice Numbers on your invoice:

Insured's Name and Mailing Address

JOHN DOE
555 MAILING STREET
CITY, STATE   01234

Policy Number   **Invoice Number**

Policy Number   0012345-18
Location: 222 LOCATION STREET CITY, STATE   98765

Any Payor ——— ①   101
123 Any Street   Date _____
Anywhere, State 00000
Pay to the
order of _____ | $ [____]
For _____   _____
② ⑆123456789⑆ ⑈ 1234567 ⑈ 101   ③

NOTE: PAYMENT AMOUNT CANNOT BE LESS THAN THE MINIMUM AMOUNT DUE.

Clear   Continue

STEP #13 – CLICK CONTINUE

STEP #14 – RE-ENTER YOUR BANK ACCOUNT (DDA) NUMBER

MPIUA
Massachusetts Property Insurance Underwriting Association

One-Time Payment

Please re-enter your Bank Account (DDA) Number*: | 1234567 |

RE-ENTER BANK ACCOUNT (DDA) NUMBER

* Required field

I authorize MPIUA to initiate, and my financial institution to honor, an electronic payment in the amount of $106.50 from my bank account. I understand that this is a one-time authorization and must be completed each time I wish to make a payment.

To complete your payment, select Authorize below. Once you authorize a payment there cannot be any changes, corrections, or cancellations. A screen will appear with your confirmation number and you can print it for your records.

When we receive your request to process your payment electronically, it is possible that the funds will be withdrawn from your account on the same business day in which you authorize.

Click only once

| Authorize | | Decline |

STEP #15 – AUTHORIZE PAYMENT

MPIUA
Massachusetts Property Insurance Underwriting Association
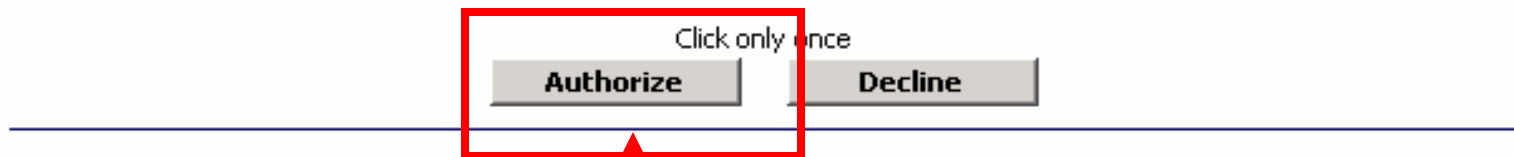
One-Time Payment

Please re-enter your Bank Account (DDA) Number*: 1234567

* Required field

I authorize MPIUA to initiate, and my financial institution to honor, an electronic payment in the amount of $106.50 from my bank account. I understand that this is a one-time authorization and must be completed each time I wish to make a payment.

To complete your payment, select Authorize below. Once you authorize a payment there cannot be any changes, corrections, or cancellations. A screen will appear with your confirmation number and you can print it for your records.

When we receive your request to process your payment electronically, it is possible that the funds will be withdrawn from your account on the same business day in which you authorize.

Click only once

| Authorize | Decline |

CLICK "AUTHORIZE" TO COMPLETE PAYMENT

NOTE: AGENT CANNOT AUTHORIZE INTERNET INITIATED PAYMENT ON BEHALF OF THE INSURED.

STEP #16 – PRINT CONFIRMATION

MPIUA
Massachusetts Property insurance Underwriting Association

One-Time Payment Confirmation

Thank you! Your payment in the amount of $33⬛.00 was submitted on 3/28/2005 2:34:20 PM for policy number ⬛⬛⬛⬛⬛. Your confirmation number is **85.**

Please print a copy of this page for your records.

Continue
Exit

NOTE CONFIRMATION NUMBER AND CLICK "print a copy of this page" FOR YOUR RECORDS.

STEP #17 – CLICK "CONTINUE" OR "EXIT"

MPIUA
Massachusetts Property insurance Underwriting Association

One-Time Payment Confirmation

Thank you! Your payment in the amount of $335.00 was submitted on 3/28/2005 2:34:20 PM for policy number ▮▮▮▮▮▮. Your confirmation number is **85**.

Please print a copy of this page for your records.

Continue
Exit

**CLICK "Continue" TO RETURN
TO THE "One-Time Payment"
SCREEN or "Exit" TO RETURN
TO THE MPIUA HOME PAGE**