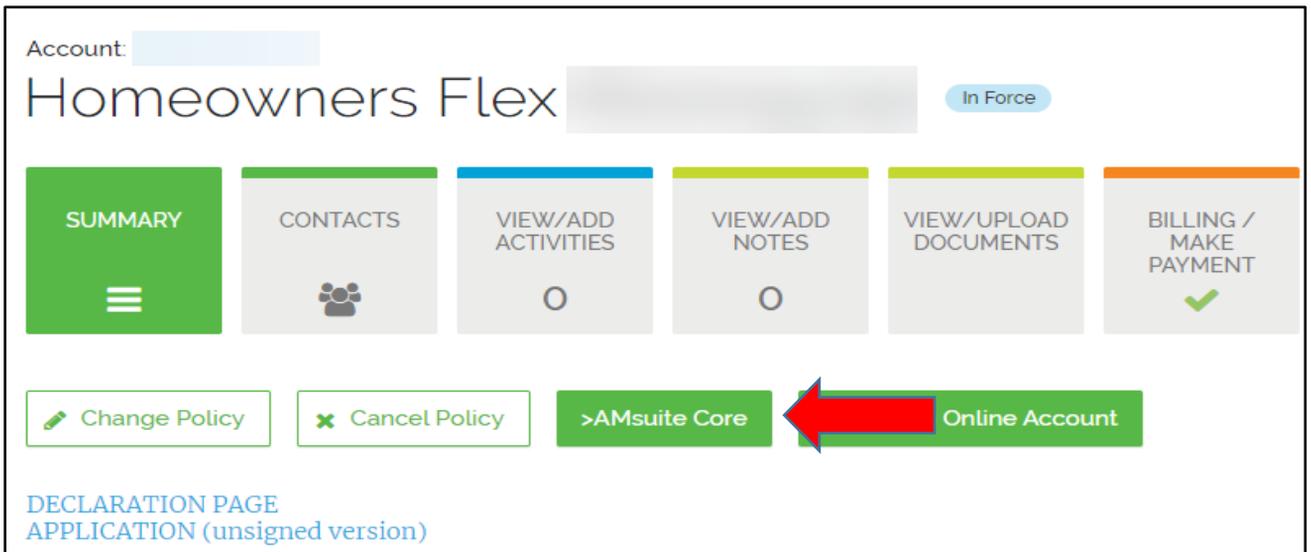


This Job Aid will provide step by step instructions on how to set up EZPay in AMsuite Core.

- 1 From AMsuite, select **AMsuite Core**.



Account: [Redacted]

Homeowners Flex [Redacted] In Force

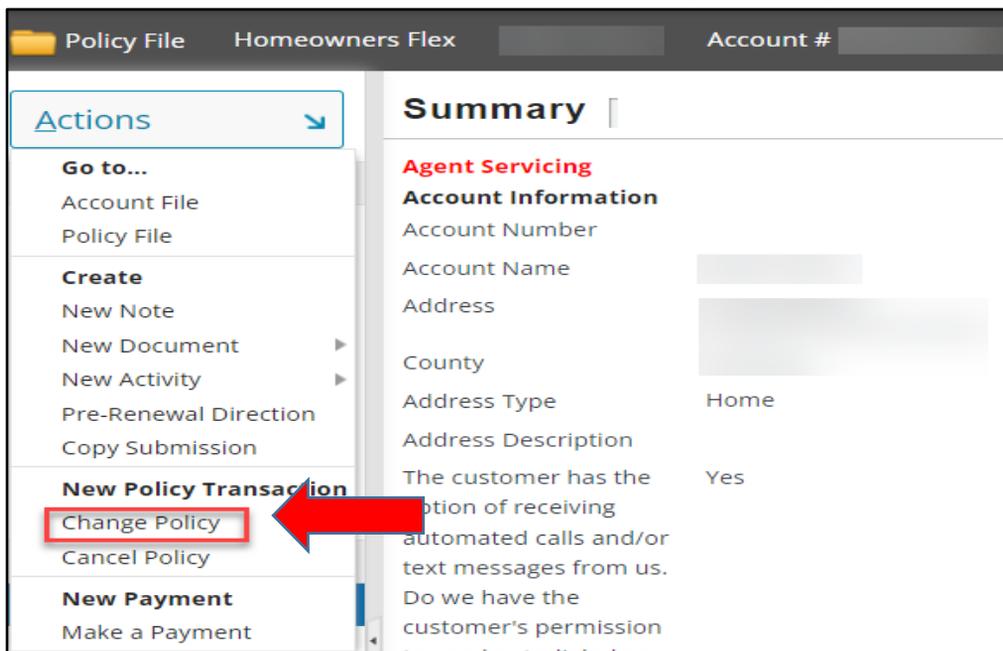
SUMMARY CONTACTS VIEW/ADD ACTIVITIES VIEW/ADD NOTES VIEW/UPLOAD DOCUMENTS BILLING / MAKE PAYMENT

[Change Policy](#) [Cancel Policy](#) **>AMsuite Core** [Online Account](#)

[DECLARATION PAGE APPLICATION \(unsigned version\)](#)

A red arrow points to the '>AMsuite Core' button.

- 2 From AMsuite Core, select **Actions** then **Change Policy**.



Policy File Homeowners Flex Account # [Redacted]

Actions

- Go to...
 - Account File
 - Policy File
- Create
 - New Note
 - New Document
 - New Activity
 - Pre-Renewal Direction
 - Copy Submission
- New Policy Transaction**
 - Change Policy**
 - Cancel Policy
- New Payment
 - Make a Payment

A red arrow points to the 'Change Policy' option in the 'New Policy Transaction' menu.

Summary

Agent Servicing

Account Information

Account Number [Redacted]

Account Name [Redacted]

Address [Redacted]

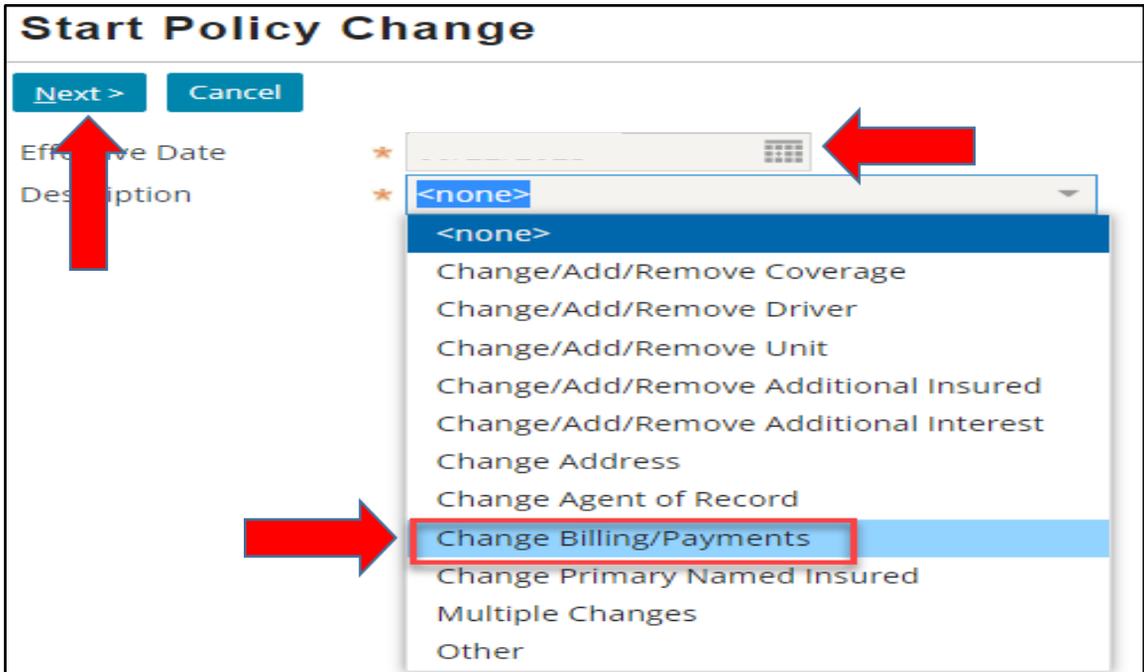
County [Redacted]

Address Type Home

Address Description The customer has the option of receiving automated calls and/or text messages from us. Yes

Do we have the customer's permission to send automated pre-

- 3 Enter in the Effective Date of the change and select **Change Billing/Payments** for the Description. Select **Next** to start the change.



Start Policy Change

[Next >](#) [Cancel](#)

Effective Date

Description

- <none>
- Change/Add/Remove Coverage
- Change/Add/Remove Driver
- Change/Add/Remove Unit
- Change/Add/Remove Additional Insured
- Change/Add/Remove Additional Interest
- Change Address
- Change Agent of Record
- Change Billing/Payments**
- Change Primary Named Insured
- Multiple Changes
- Other

- 4 Select **Quote** to change the Billing

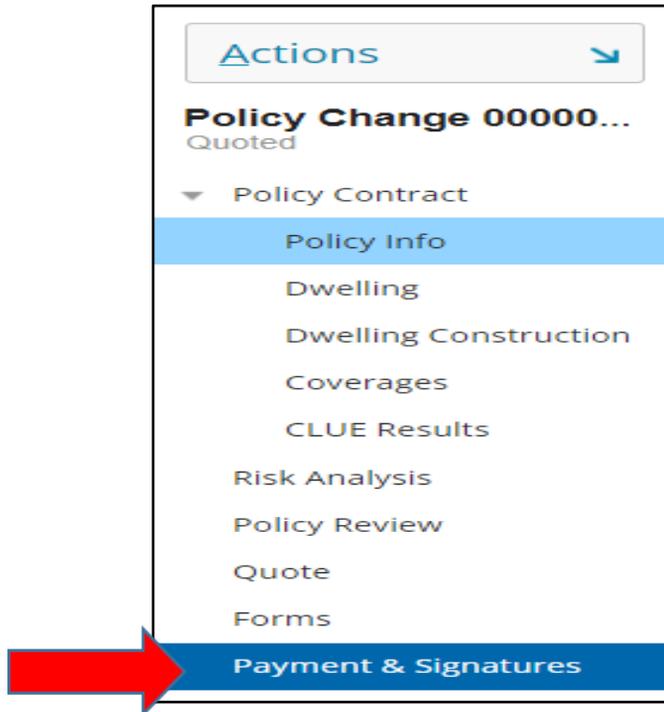


Policy Info

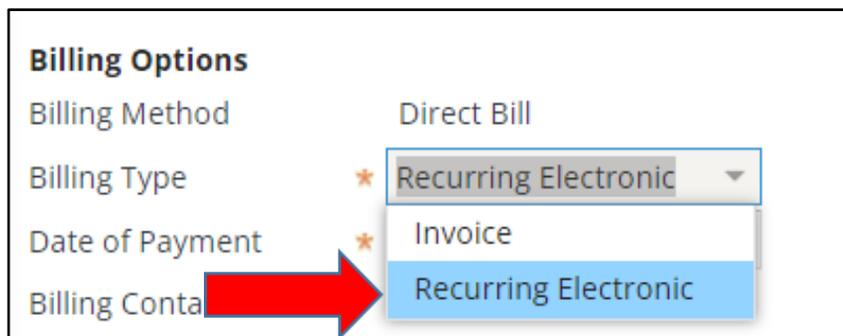
[Save](#) [Quote](#) [Save Draft](#) [Versions](#) [Withdraw Transaction](#)

i To change policy Billing or Payment details, please click "Quote" and then go to the "Payments" page.

- 5 Select **Payments & Signatures** on the left-hand side of the policy change.



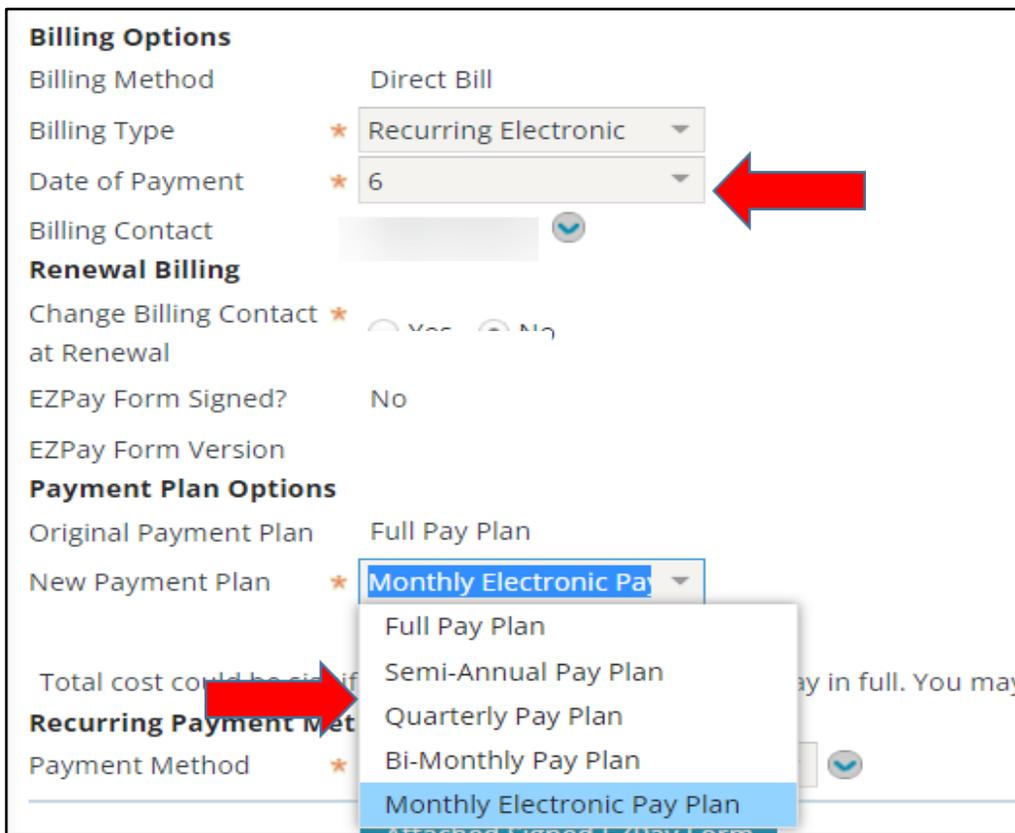
- 6 Select the drop down for the **Billing Type**, select **Recurring Electronic**



7 Review and select the **Date of Payment**.

- o The **Draft Date** can be **Any Date** from the **1st through 28th** of the month.

Select the drop down for the **New Payment Plan**, select a **Payment Plan**



Billing Options

Billing Method Direct Bill

Billing Type ★ Recurring Electronic

Date of Payment ★ 6

Billing Contact [Redacted]

Renewal Billing

Change Billing Contact ★ [Yes/No]

EZPay Form Signed? No

EZPay Form Version

Payment Plan Options

Original Payment Plan Full Pay Plan

New Payment Plan ★ Monthly Electronic Pa

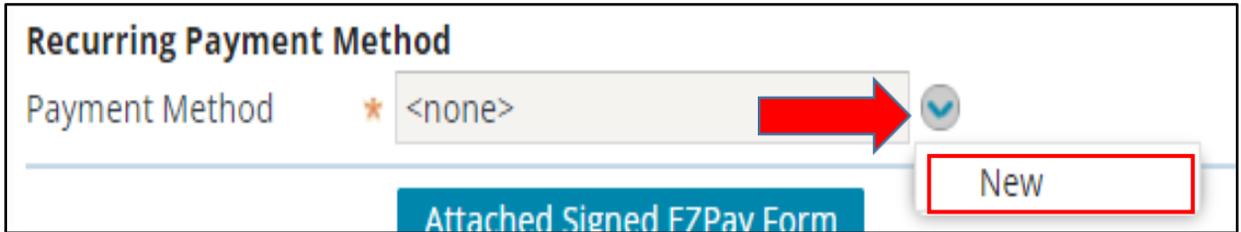
Total cost could be paid if [Redacted] pay in full. You may

Recurring Payment Method

Payment Method ★ [Redacted]

Monthly Electronic Pay Plan

- 8 To add a **New Payment Method**, select the Blue **Drop-Down Arrow** and select **New**.



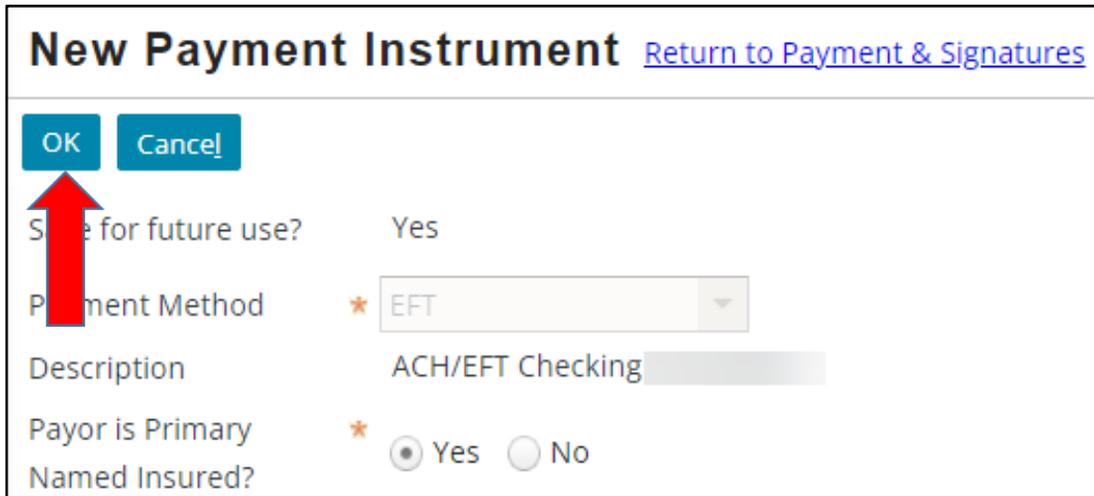
Recurring Payment Method

Payment Method * <none> 

New

Attached Signed F7Pay Form

- 9 Select the Drop-Down for the **Payment Method** and enter in **Payment Information**, select **OK**.
- EFT and Credit Card Payment Methods are accepted



New Payment Instrument [Return to Payment & Signatures](#)

OK **Cancel**

Save for future use? Yes

Payment Method * EFT

Description ACH/EFT Checking

Payor is Primary * Yes No

Named Insured?

10 Review and enter the required fields for **Electronic Signature** to send the Authorization Form by E-signature.

Select **Traditional Signature** to print and sign the form manually

- EZPay Authorization form sent via **Electronic Signature** will automatically be uploaded to AMsuite once signed electronically.
- EZPay Authorization form sent via **Traditional Signature** will need to be uploaded to AMsuite.

Required Signature Forms

Signatures on required forms can be obtained two ways 1) Emailed to Primary Named Insured for electronic signature, or 2) Printed for a traditional signature by Primary Named Insured. Please choose an option below. Note: If electronic signature is selected, the electronic envelope may first be emailed to the Producer for signature before being forwarded to the Primary Named Insured.

Electronic Signature - Mobile Device Required 

Consent to electronic delivery of required signature forms? * Yes No

Producer email address for e-signature *

Mobile phone number for text message delivery* of Personal Identification Number (PIN) *

* Standard message and data rates apply

[View Privacy Notice](#)

Traditional Signature 

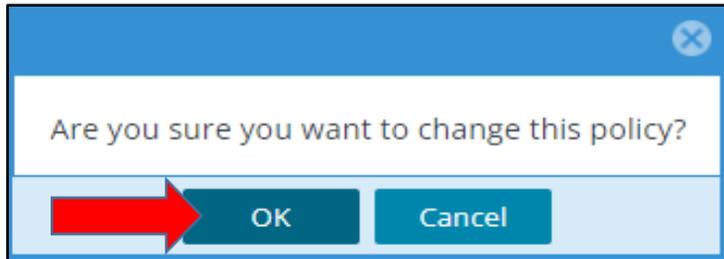
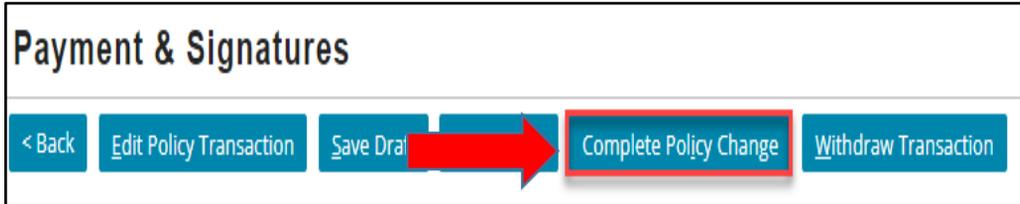
EZPay Enrollment and Authorization form must be printed, signed and attached to the policy. This form is available on the next screen after clicking Issue Policy.

	Form #	Description
<input type="checkbox"/>	EFT AUTH	EZPay Enrollment and A...

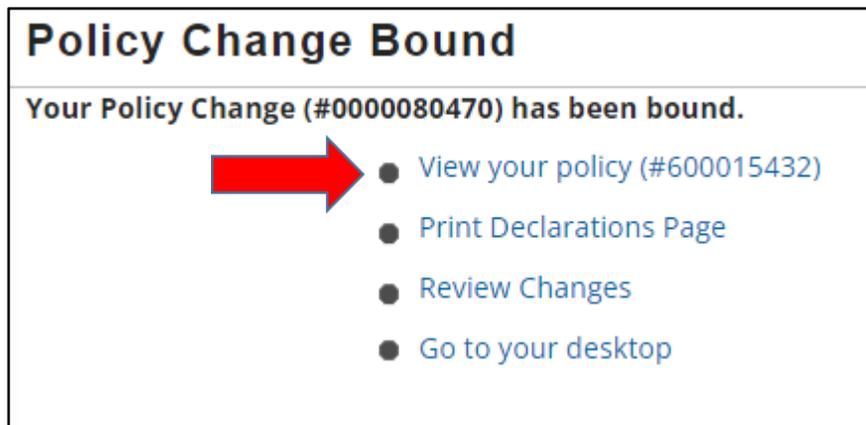
Primary Named Insured email address *

Please ensure that the email address used for this account is accurate and valid. This will help the policyholder set up their online account.

- 11 Select **Complete Change** to finish setting up EZPay. Select **OK** to complete the change.



- 12 Select **view your policy** to navigate back to Policy view.



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