



## Electronic Funds Transfer Authorization Enrollment Form

Agency Name: \_\_\_\_\_

Named Insured: \_\_\_\_\_ Policy No: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Day Phone: \_\_\_\_\_

I (we) authorize Indiana Insurance Company to initiate monthly deductions (withdrawals) from the banking account listed below as payment when my (our) Indiana Insurance Company insurance policy(ies) become due. I (we) authorize the financial institution on which my check is drawn to accept these deductions initiated by Indiana Insurance Company.

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

If a credit union account, member identification number: \_\_\_\_\_

**NOTE: IN ORDER TO PROPERLY PROCESS YOUR APPLICATION, YOU MUST ATTACH A VOIDED CHECK.**

Payments should be withdrawn on the \_\_\_\_\_ (1<sup>st</sup> through 28<sup>th</sup>) day of the month.

NOTE: If the withdrawal date falls on a holiday or weekend, withdrawal will be in the business day prior to the holiday or weekend.

I (we) make this authorization subject to the following conditions:

- This authorization may be terminated at any time by written notification to Indiana Insurance Company. Notification to terminate automatic deductions must be received at least 10 days prior to the next deduction to prevent the deduction from occurring.
- You will need to select one of the following options:
  - I would like Indiana Insurance Company to notify me, in writing, of all withdrawals. The notice will be issued 10 days in advance of the planned withdrawal.
  - I would like Indiana Insurance Company to notify me, in writing, only if my withdrawal amount changes by \$3.00 or more. The notice will be issued 10 days in advance of the planned withdrawal.
- PAY PLAN (select one):     Annual     Quarterly     Monthly

Fees vary by state, but in all cases result in an overall savings over the standard installment fees.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if other than insured)