



**Authorization for Quick Pay**

Please attach a voided check to this form. **Do not send a deposit ticket.**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The draft date I choose is \_\_\_\_\_

Policy Number \_\_\_\_\_ Agent Number \_\_\_\_\_

Financial Institution \_\_\_\_\_

Account No. \_\_\_\_\_  Checking  Savings

\*Institution Routing Number \_\_\_\_\_ \*(9 digit number between I: I: at bottom of check)

**Authorization Agreement**

I authorize GuideOne Mutual, GuideOne Elite, GuideOne America, or GuideOne Specialty Mutual to initiate variable debits or credits to pay account at my named bank for payment of listed policy(ies). This authorization will remain in effect until terminated by the above company(ies) or until I send a written request to the above company(ies) and allow them sufficient time to act. My account will be debited no earlier than the date I select.

Signature \_\_\_\_\_ Date \_\_\_\_\_