

Germantown Mutual Insurance Company
Electronic Funds Transfer (EFT) Authorization Agreement
 for automatic electronic premium payments

Your name _____

Bank account name _____
 (if different)

Policy number _____
 (if this is a renewal)

Mailing address _____
 (use address on the bank account)

		<u>Required down payment</u>	
		Home & other annual policies	Auto (6 month policies)
Frequency (check one)	_____ monthly	20%	25%
	_____ quarterly	40%	60%
	_____ semi-annual	60%	100%
	_____ annual	100%	Not available

Day of month to be transferred _____ (select any day 1 thru 31)
 (31 will mean the last day of the month)

From your checking _____ savings _____ account

This form must be accompanied by a check for the required down payment. If EFT funds are to be withdrawn (debited) from an account other than that indicated by the accompanying check, you must check here (____) and enclose a voided check indicating the account to be debited.

If this is a renewal, please submit this form with your renewal notice and your check for the required down payment; please use the blue envelope that was provided to you.

For new policies, this form must accompany your application and your check for the required down payment.

EFT payments may be requested only with new policies and at renewal.

We will mail to you a list of all scheduled withdrawal dates & amounts.

I authorize Germantown Mutual Insurance Company to electronically transfer insurance premium payments from the account indicated on the accompanying check.

 Your signature

 Date