

# AUTHORIZATION AGREEMENT

## Badger Mutual Monthly EFT Plan

***THIS FORM MUST BE SIGNED BELOW BY THE INSURED.***

### POLICYHOLDER/AGENCY INFORMATION:

Name		
Address		
City	State	Zip
Agency Name	Agency #:	

### POLICY INFORMATION

Policy Type	Policy # (if existing)

### EFT INFORMATION

<p>EFT Withdrawal Date <i>(any date between 1 and 31)</i></p> <p>_____</p> <p><i>This date cannot be changed.</i></p>	<p style="text-align: center;">Deposit Amount</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"><i>Annual Policy</i></td> <td style="width: 50%; text-align: center;"><i>10% of policy premium</i></td> </tr> <tr> <td style="text-align: center;"><i>Semi-Annual Policy</i></td> <td style="text-align: center;"><i>33% or 2 months of policy premium</i></td> </tr> </table> <p style="text-align: center;">\$ _____</p>	<i>Annual Policy</i>	<i>10% of policy premium</i>	<i>Semi-Annual Policy</i>	<i>33% or 2 months of policy premium</i>
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<i>Semi-Annual Policy</i>	<i>33% or 2 months of policy premium</i>				

### FINANCIAL INFORMATION:

Financial Institution Name		
Address		
City	State	Zip
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>IMPORTANT: Please attach a voided check if using a checking account.</b>		
Routing #:		Account #:

- A. I authorize Badger Mutual Insurance Company to electronically transfer my insurance premium payments from my checking or savings account. To cancel this authorization, please contact Badger Mutual directly.
- B. I understand that premium payments are applied on the withdrawal date shown above. If my account has insufficient funds at the time of the transfer:
  - 1. the policy will be treated as though no premium payment was made when due, and
  - 2. the EFT option will be revoked and we will change the policy to Direct Bill.
- C. I understand that withdrawal notification will only be sent if the amount to be withdrawn changes by more than \$15 from the prior payment.
- D. I understand that if my EFT payment is returned NSF, there will be a \$45 fee to resume EFT.
- E. I understand that if I remove myself from the EFT plan, there will be a \$25 fee to resume EFT.

***POLICYHOLDER SIGNATURE:*** \_\_\_\_\_

***Date:*** \_\_\_\_\_