

THIS FORM MUST BE SIGNED BELOW BY THE INSURED.

POLICYHOLDER INFORMATION		
NAME		
ADDRESS		
CITY	STATE	ZIP

POLICY INFORMATION
POLICY # (IF EXISTING)

DEPOSIT AMOUNT
<p><i>Annual Policy – 10% of policy premium</i></p> <p><i>Semi-Annual Policy – 33% or 2 months of policy premium</i></p> <p>\$ _____</p>

FINANCIAL INFORMATION	
BANK NAME	
ROUTING #	ACCOUNT #
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
If possible, please provide a voided check.	

- 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 if my EFT payment is not honored by my bank, there will be a \$30 fee.

POLICYHOLDER SIGNATURE:

Date: