



AUTHORIZATION AGREEMENT FOR ELECTRONIC FUND TRANSFER (EFT)

I authorize to initiate variable entries to my checking account identified below for payment of my insurance premium. The bank (or financial institution) named below is also authorized to charge EFT to my account. The authorization will remain in effect until revoked by me in writing.

Please continue to pay any billing statements you receive until you're notified that the EFT is in effect.

Bank or Financial Institution Name			Street		
City	State	Zip	Bank/ABA Routing #	Account #	
Home Address/City				State	Zip
Name			Signature (as shown on account records)		
Telephone #	Date	Agent #		Policy #	