



**UNION MUTUAL**  
INSURANCE COMPANY

**Agreement Authorizing Electronic Funds Transfer  
To Pay Insurance Premiums To  
Union Mutual Insurance Company**

I hereby agree that Union Mutual Insurance Company, hereinafter called the Company, is authorized to transfer money by electronic funds transfer (EFT) from my account in the financial institution identified below, hereinafter called the Financial Institution, to the Company's bank account, in payment of premiums and fees due for the insurance policy(ies) identified below. This agreement is effective upon acceptance & processing by the Company. In this Agreement "I" and "my" refer to each Named Insured on the policy (ies) identified below.

This agreement is subject to the following terms and conditions as well as all of the terms and conditions of the insurance policy (ies) identified below:

1. The total amount of the insurance premium due will be shown on the billing statement I receive from the Company if I elect to pay the total premium at one time. This amount will be transferred from my account to the Company's account on or after the Due Date shown on the billing statement, regardless of any premium changes that occur after the statement issue date. Any such premium changes will be reflected on the next billing statement.
2. The monthly/quarterly/semi-annual installment amount due will be shown on the billing statement I receive from the Company if I elect to pay the premium in monthly/quarterly/semi-annual installments. This amount plus a service fee will be transferred from my account to the Company's account on or after the Due Date shown on the billing, regardless of any premium changes that occur after the statement issue date. Any such premium changes will be reflected on the next billing statement.
3. If insufficient money is in my account, or if my account is closed, when a transfer is attempted, the Company will charge me an insufficient funds fee and possibly a late fee. Additionally, my insurance policy (ies) may expire or be canceled due to non-payment of premium.
4. If I wish to change the account from which money is transferred to the Company, I understand and agree that I will sign another Agreement Authorizing Electronic Funds Transfer, and submit the Agreement to the Company. This submission will terminate my existing Agreement. The new Agreement is effective when accepted and processed by the company.
5. I may terminate this Agreement by sending the Company a written request, stating the date I wish this Agreement to terminate. However, I understand and agree that if such written request is received by the Company less than twenty (20) days before the next scheduled date to transfer money from my account to the Company, the transfer will occur on the scheduled date, notwithstanding I have requested termination of this Agreement.
6. If I elect to change the method of payment from the full amount owed to monthly/quarterly/semi-annual installment payments, I understand and agree that I will sign another Agreement Authorizing Electronic Funds Transfer, and submit the Agreement and the required down payment to the Company.
7. The Company may terminate this Agreement by sending me written notice not less than (10) days before termination will be effective.

8. The name of the Financial Institution: \_\_\_\_\_

9. The exact name & address on the account: \_\_\_\_\_  
\_\_\_\_\_

10. My Account is a: ☐ Personal Checking ☐ Personal Savings ☐ Business Checking ☐ Business Savings

11. The account #:

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12. The routing #

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13. I have attached to this Agreement a voided check or deposit slip from my account identified above.

Named Insured (Print): \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

Account Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Installment Plan ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly  
Selection:

**REMEMBER – ATTACH A VOIDED CHECK OR DEPOSIT SLIP TO THIS FORM**