



Electronic Funds Transfer Authorization Enrollment Form

Agency Name: _____

Named Insured: _____ Policy No: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work/Day Phone: _____

I (we) authorize Montgomery Insurance Companies to initiate monthly deductions (withdrawals) from the banking account listed below as payment when my (our) Montgomery Insurance Companies insurance policy(ies) become due. I (we) authorize the financial institution on which my check is drawn to accept these deductions initiated by Montgomery Insurance Companies.

Bank Name: _____

Bank Routing Number: _____

Checking Account Number: _____

If a credit union account, member identification number: _____

NOTE: IN ORDER TO PROPERLY PROCESS YOUR APPLICATION, YOU MUST ATTACH A VOIDED CHECK.

Payments should be withdrawn on the _____ (1st through 28th) day of the month.

NOTE: If the withdrawal date falls on a holiday or weekend, withdrawal will be in the business day prior to the holiday or weekend.

I (we) make this authorization subject to the following conditions:

- This authorization may be terminated at any time by written notification to Montgomery Insurance Companies. Notification to terminate automatic deductions must be received at least 10 days prior to the next deduction to prevent the deduction from occurring.
- You will need to select one of the following options:
 - I would like Montgomery Insurance Companies to notify me, in writing, of all withdrawals. The notice will be issued 10 days in advance of the planned withdrawal.
 - I would like Montgomery Insurance Companies to notify me, in writing, only if my withdrawal amount changes by \$3.00 or more. The notice will be issued 10 days in advance of the planned withdrawal.
- PAY PLAN (select one): Annual Quarterly Monthly

Customer Signature: _____ Date: _____

Account Holder Signature: _____ Date: _____
(if other than insured)