

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM



I authorize Frankenmuth Insurance to make withdrawals from my account for automatic insurance payments at the financial institution listed below. Frankenmuth Insurance or I may terminate this agreement with written notice from either party to the other.

Insured's Name _____

Frankenmuth Insurance Billing Acct. and/or Policy #(s) _____

Bank Routing Number (9 DIGITS ON BOTTOM LEFT OF CHECK)

To be withdrawn from: (check one)

- Checking Account Number _____ (ENCLOSE A **VOIDED CHECK**)
- Savings Account Number _____ (CONTACT YOUR BANK FOR ROUTING & SAVINGS NUMBERS)

Frequency (check one):

- MONTHLY** payment withdrawn on _____ (CHOOSE ANY DAY BETWEEN 1ST AND 28TH OF THE MONTH)
- QUARTERLY** payment withdrawn on 1ST ____ OR 15TH ____ (SELECT ONE)
- SEMI-ANNUAL** payment withdrawn on 1ST ____ OR 15TH ____ (SELECT ONE)
- ANNUAL** payment withdrawn on 1ST ____ OR 15TH ____ (SELECT ONE)

May take 30 to 60 days for withdrawal to become effective.

This agreement may be terminated by Frankenmuth Insurance or you
by prior written notice from one party to the other.

SIGNATURE _____ Daytime Phone _____

Completed forms may be returned to:

Frankenmuth Insurance
One Mutual Avenue
Frankenmuth, MI 48787-0001

Personal Insurance FAX: 989-652-2694
Commercial Insurance FAX: 989-652-2105