



## Electronic Funds Transfer (EFT) Authorization Form

I authorize Frankenmuth Insurance to make withdrawals from my account for automatic insurance premium payments at the financial institution listed below.

Insured's Name: \_\_\_\_\_

Billing Account #(s) \_\_\_\_\_

Bank Routing Number: (9 Digits on bottom left of check for personal checks)

\_\_\_\_\_

To be withdrawn from: (Check one)

Checking Account Number: \_\_\_\_\_  
(Enclose a voided check)

Savings Account Number: \_\_\_\_\_  
(Enclose a deposit slip)

Frequency: (Check one)  One-Time Payment Amount Due \$ \_\_\_\_\_ and/or

Recurring payments (Select one below)

**Monthly:** payment withdrawn on: \_\_\_\_\_ (Choose any day between the 1<sup>st</sup> and 28<sup>th</sup>)

**Quarterly:** payment withdrawn on: 1<sup>st</sup>: \_\_\_\_\_ OR 15<sup>th</sup>: \_\_\_\_\_ (Select One)

**Semi-Annual:** payment withdrawn on: 1<sup>st</sup>: \_\_\_\_\_ OR 15<sup>th</sup>: \_\_\_\_\_ (Select One)

**Annual:** payment withdrawn on: 1<sup>st</sup>: \_\_\_\_\_ OR 15<sup>th</sup>: \_\_\_\_\_ (Select One)

Note: May take 30 to 60 days for withdrawal to become effective. Frankenmuth Insurance or I may terminate this agreement by notice to the other party.

Name: (Please Print) \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed Forms may be returned to:

Frankenmuth Mutual Insurance Company  
1 Mutual Avenue  
Frankenmuth, MI 48787-0001

Fax # 989-652-9222 Email: [billing@fmins.com](mailto:billing@fmins.com)

FIC-EFT (12/15)