



## ELECTRONIC FUNDS TRANSFER (EFT)

### AUTHORIZATION FORM

Michigan Insurance Company offers the option of Electronic Funds Transfer (EFT) designed to save you time and money by automatically withdrawing funds from your checking or savings account.

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#### Authorization of Electronic Funds Transfer (EFT)

I authorize Michigan Insurance Company to make withdrawals from my account for electronic funds transfer at the financial institution listed below. Michigan Insurance Company or I may terminate this agreement by written notice from either party to the other.

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

Policy Number \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

To be withdrawn from (check one):

- Checking Account Number (enclose a voided check or deposit slip)
- Savings Account (contact bank for routing and savings number-enclose deposit slip)

**Withdrawal Date:** (1<sup>st</sup>-28<sup>th</sup>) \_\_\_\_\_ **Pay Plan:**  Monthly  Other(Specify) \_\_\_\_\_

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Signature

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Daytime Phone

Please allow 30 days for the withdrawal to become effective.

All bank draft returns for Insufficient Funds, Account Closed or Bounced Checks will be subject to a fee.

## ATTACH CHECK HERE