



Michigan Millers
Mutual Insurance Company
 Lansing, Michigan

Policyholders E.F.T. Payment Plan
 Authorization Form

Policyholder Information

Name _____
 Address _____
 City _____ State _____ Zip _____

Agency Information

Agency # _____
 Agency Name _____
 Agency Phone # _____

Policy/Quote Number _____ Withdrawal Date (select between 1 - 28) _____

Bank Information:

Name of Bank _____ Account: Checking Savings

Routing Number _____
 (nine-digit number between two colons on bottom of check)

Bank Account # (for checking attach voided check) _____

I AUTHORIZE Michigan Millers Mutual Insurance Company to initiate withdrawals from my bank account for payment of the insurance premium for the policy listed above. I also authorize the named financial institution to deduct such withdrawals from my account and agree that funds will be available to cover the withdrawals. A \$25 fee will be assessed each time a withdrawal is unsuccessful due to any reason, including non-sufficient funds or account closed. In the event that the withdrawal amount changes by \$1 or more, an advance notice will be mailed informing me of the new withdrawal amount. The withdrawal will occur on or after the agreed-upon withdrawal date. I also understand that if any corrections of the entry are necessary, it may involve an adjustment to my account. Requests for termination must be **received** at least six days prior to your next withdrawal.

Authorized Signature _____ Date ____/____/____

Print Name _____

Send to: **Michigan Millers Mutual Insurance Company, P.O. Box 30060, Lansing, MI 48909-7560**

Separate and retain for your records

Copy for your records

Through E.F.T. Payment Plan, I authorized Michigan Millers to begin automated withdrawal from my bank account with the financial institution named below for payment of the policy number shown. My bank statement will confirm the amount of the withdrawal.

Name of Bank _____ Account: Checking Savings

Policy Number _____ Date ____/____/____

I understand that I must notify my agent immediately if I wish to change bank information or cancel the E.F.T. Payment Plan. **Note:** Request for cancellation of this policy is NOT considered written notification requesting termination of electronic funds transfer.

Note: This authorization will remain in effect until Michigan Millers Mutual Insurance Company has received written notification from me requesting its termination. Requests for termination must be **received** at least six days prior to your next withdrawal.

Michigan Millers Mutual Insurance Company
 P.O. Box 30060
 Lansing, MI 48909-7560

www.mimillers.com