



## ELECTRONIC FUNDS TRANSFER FORM

### AUTHORIZATION INFORMATION FOR ELECTRONIC FUNDS

Electronic Funds Transfer is the automatic, monthly transfer of funds from your checking or savings account to American Community Mutual Insurance Company for the express purpose of premium payment. You must maintain a regular checking or savings account with a financial institution that allows EFT on these accounts to participate in this program.

Withdraw premium payment from:  Checking  Savings

\_\_\_\_\_  
Name of Account Holder

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Street

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

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

\_\_\_\_\_  
Transit Routing Number

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

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date

### AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

I authorize American Community Mutual Insurance Company of Livonia, Michigan to start an automatic periodic withdrawal against my account at the financial institution I have indicated. I also authorize the financial institution to charge these withdrawals to my account each month. The withdrawals are to pay premium for the policy for which I have applied. If the application for the policy is pending, there will be no withdrawal until the payment falling due after my policy has been issued.

I understand that the withdrawal will be automatically made each month and will appear on my statement. I also understand that my policy may lapse if my account does not have sufficient funds at the time of withdrawal.

I want this withdrawal to automatically continue until I write American Community telling them to stop it. I agree to allow them reasonable time to do so.