



# WESTERN NATIONAL INSURANCE GROUP Electronic Funds Transfer Authorization Form

|   |       |                |
|---|-------|----------------|
| Name of Financial Institution   |       | Branch         |
| City  | State | Zip Code       |
| Financial Institution Routing Number  |       | Account Number |
| Please indicate the type of account: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account |       |                |

Policyholder's Name (Please Print)

Policyholder's Address (Please Print)

Options for Personal policies:  Monthly  Full-Pay

Options for Commercial policies:  Monthly  Quarterly  Semi-Annual  Full-Pay

Please list the policy number(s) that should be paid by electronic funds transfer:

Preferred Due Date: \_\_\_\_\_

I (we) authorize Western National Insurance Group (Pioneer Specialty, Umialik, Western National Assurance, or Western National Mutual) and the financial institution named above to initiate entries to my (our) checking / savings account. This authority will remain in effect until I (we) notify you in writing to cancel this agreement. Likewise, I (we) understand that I (we) can stop payment of any entry by notifying my Western National Insurance Group company at least 3 business days before my (our) account is charged.

Signature(s) of account holders \_\_\_\_\_ Date \_\_\_\_\_  
If this is a joint account, both authorization signatures are required.

**MAIL COMPLETED FORM TO: WESTERN NATIONAL INSURANCE GROUP, PO BOX 59184, MINNEAPOLIS, MN 55459-0184 OR FAX TO (952) 921-9230 OR (877) 392-3735.**

| Retain For Your Records   |
|---|
| <p>On _____</p> <p>I (we) authorized my Western National Insurance Group company and my financial institution to initiate electronic entries to my (our) checking/savings account and have agreed to the terms listed on the authorization. I (we) may revoke authorization with the company at any time by writing to:</p> <p>Western National Insurance Group<br/>PO Box 59184<br/>Minneapolis, MN 55459-0184</p> |