

# Electronic Funds Transfer Authorization Form

**Staple voided check or savings deposit slip here**

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	
Insured's Name – Please Print	
Address – Please Print	
<input type="checkbox"/> Monthly:    You will be billed monthly on your policy effective day. Your account will be debited 18 days later, on the due date.	
<input type="checkbox"/> Full Pay:    Your account will be debited in full on your policy effective day. Any subsequent endorsements will be debited 18 days after they are billed.	
Please list the policy number(s) that should be paid by electronic funds transfer:	
_____	
_____	

I (we) authorize Western National Mutual Insurance Company 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.

I (we) understand that I (we) can stop payment of any entry by notifying Western National at least 3 days before my (our) account is charged.

Signature(s) of account holders \_\_\_\_\_ Date \_\_\_\_\_

If this is a joint account, both authorization signatures are required.

**SEND COMPLETED FORM TO: WESTERN NATIONAL INSURANCE GROUP, PO BOX 59184, MINNEAPOLIS, MN 55459-6184.**

### Retain For Your Records

On \_\_\_\_\_ I (we) authorized Western National Mutual Insurance Company 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:

Western National Insurance Group  
 PO Box 59184  
 Minneapolis, MN 55459-6184