

AUTHORIZATION AGREEMENT - ELECTRONIC FUNDS TRANSFER

Can also be completed on our website at www.securitymutual.com



Policyholder Name: _____ **Policy Number(s):** _____

Choose One: New authorization agreement _____ Change to original authorization agreement _____

I (we) hereby authorize *Security Mutual Insurance Company*, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account / Savings account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account and to initiate, if necessary, debit entries/adjustments for any credit entries in error the same to such account. I (we) acknowledge the origination of ACH Transactions to my (our) account must comply with the provisions of U.S. Law.

Bank Name

Branch

City

State

Zip

Routing Number (Please attach a copy of your voided Check)

Account Number

This authority is to remain in full force and effective until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) as it appears on bank account

Email & phone #

Date:

Signature:

Send completed form to: Security Mutual Insurance Company – Billing Department., Post Office Box 4620, Ithaca, New York 14852