



Policyholder Name: _____ Policy Number(s): _____

Signature: _____ Date: _____

Installment Option- ACH/AutoPay

EFT/ACH Payments (attach a copy of a voided check)

I (we) hereby authorize Security Mutual Insurance Company, hereinafter called COMPANY, to initiate debit entries to my (our) _____ Checking account _____ Savings Account (select one) 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 the law.

This authority is to remain in full force and effective until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. ACH payments may be terminated, at the discretion of the COMPANY, if such payments are returned for insufficient funds.

Bank Name: _____

Routing Number: _____ Account Number: _____

Name(s) as it appears on the account: _____

Policyholder Address (street, City, Zip): _____

E-Mail: _____ Phone Number: _____

By signing this form, you authorize the COMPANY to initiate a one-time debit entry to the above account to satisfy any past due balances that may be on your account at the time this form is received.