



# Fremont Insurance

Insuring and Investing Exclusively in Michigan Since 1876

## EFT Payment Agreement EASY, ELECTRONIC & CONVENIENT!

### Authorization agreement for direct payments (ACH Debits)

1. Pick One

Company Name: Fremont Insurance Company

Company ID Number: 380558390

I/we authorize Fremont Insurance Company, hereafter called COMPANY, to initiate debit entries to my/our (check one):

Checking account

Savings account

2. Bank

indicated below at the depository financial institution named below, hereafter called BANK, and to debit sums to such account.

Bank Name	_____	Phone Number	_____
City	_____		
State/Zip	_____		
Routing Number	_____	Acct Number	_____

3. Your approval

This authorization is to remain in full force and effect 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.

4. Policy Numbers

Name(s) \_\_\_\_\_

(First Policy Number)

Signed \_\_\_\_\_

(Second Policy Number)

Date \_\_\_\_\_

(Third Policy Number)

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

FREMONT INSURANCE COMPANY WARRANTS ALL PAYMENTS INITIATED FROM OUR OFFICE WILL BE FOR INSURANCE PREMIUM ONLY, WITH NO ADDITIONAL SERVICE CHARGE, AND IN ACCORDANCE WITH THE PAYMENT FREQUENCY COMMUNICATED FROM YOUR AGENT.

ALLOW THIRTY (30) DAYS FOR THE INITIAL TRANSACTION TO BECOME EFFECTIVE. A CHARGE WILL BE LEVIED FOR ANY TRANSACTION WHERE THERE ARE INSUFFICIENT FUNDS, OR THE ACCOUNT IS CLOSED AT THE TIME OF WITHDRAWAL.

5. Attach Check

Please attach a voided blank check (checking account) or a voided deposit ticket (savings account) to this form.