

Northern Mutual Insurance Company

Electronic Funds Transfer (EFT) Authorization Form

Insured Name (please print): _____

Mailing Address: _____

Telephone Number: () _____ - _____

Policy Number: _____

Bank Accountholder Name (please print): _____

Bank Name & Location: _____

Routing Number (9 digits): _ _ _ _ _ - _ _ _ _ _

Account Number: _____

Account Type (select one):

_____ Checking (attach **voided check**)

_____ Savings

Example:



Bank Routing#

Account #

Check #

Withdrawal Frequency (select one):

_____ Full Pay (Full amount drawn on renewal. Frequency will depend upon policy term length.)

_____ Monthly

_____ Every Other Month

Withdrawal Date: _____ (Leave blank to use effective date of the policy.)

(Optional) Check here if you would also like us to withdraw the down payment amount from the above account (new applications only). Specify one-time down payment amount: \$_____

By checking this box and signing below, I authorize Northern Mutual Insurance Company to make a one-time withdrawal of the down payment amount listed from the bank account above. The withdrawal will be made upon receipt of this form by Northern Mutual Insurance Company.

By signing below, I authorize Northern Mutual Insurance Company to make deductions from my bank account when payments are due on the policy indicated above. This authorization is to remain in force until Northern Mutual Insurance Company has received written notification from me of its termination in such time and in such manner as to afford Northern Mutual Insurance Company and my bank a reasonable opportunity to act on it. All information on this form will be used by Northern Mutual only for the processing of insurance premiums and will be kept strictly confidential.

Accountholder's Signature: _____ Date: _____