

**AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER
(EFT)**

Authorization to draw premium from my account and request for participation in the electronic payment plan.

I agree that this authorization in no way affects the terms of the policy, other than the method of paying the premium; and I understand that, if the company is not paid within the time required by the policy, as by the withdrawal being dishonored, or any other reason, then my policy will lapse for non-payment.

This authorization will continue in force until this authorization is revoked. Either the insurance provider or I may terminate this authorization by written notice mailed to the other party.

I authorize the insurance provider to pay premium from my account on the policy listed on this form. I request that this premium be withdrawn on the scheduled due dates. I request that this authorization continue to apply to any renewal or endorsement later made on my policy.

Insured Name: _____

Insured Signature: _____

Policy Number: _____

Bank Name: _____ Routing # _____

Account # _____

Card Type (Circle One): Visa MasterCard American Express Discover

Card # _____

Expiration Date _____ CVV _____

Old Town Insurance Agency

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