emc INSURANCE

POLICYHOLDER AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (ACH DEBITS)

Policyholder Name: _____
Policyholder(s) - Please Print

Billing Account Number: _____

The above-named policyholder(s) hereby authorize(s) Employers Mutual Casualty Company to electronically debit my/our/its account (and, if necessary, electronically credit my/our/its account to correct erroneous debits) as follows:

☐ Checking Account
☐ Savings Account
(Select one)

at the depository financial institution named below. I/we agree that ACH transactions I/we authorize comply with all applicable law. Such debits shall apply to the following transactions:

☐ Down Payment (available with on-line application submissions only)
☐ Automatic Scheduled Installment Withdrawals

Note: "EMC Ins" will appear on your bank statement.

Bank Name _____

Routing Number _____

Account Number _____

I/we understand that this authorization will remain in full force and effect until I/we notify Employers Mutual Casualty Company in writing that I/we wish to revoke this authorization. I/we understand that Employers Mutual Casualty Company requires at least 3 business days prior notice in order to cancel this authorization.

Name(s): _____
Please Print

Date: _____

Signature(s): _____