EMC Insurance Companies

POLICYHOLDER AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

POLICYHOLDER NAME(S) _____ BILLING ACCOUNT NUMBER _____

I (we) authorize EMC Insurance Companies and the financial institution named below to process entries to my (our) account. This authority will remain in effect until I (we) give written notification to terminate this authorization.

Bank or Financial Institution Name _____

City _____ State _____

☐ Checking Account (Attach Voided Blank Check) ☐ Savings Account (Attach Savings Slip)

Bank Transit / ABA No. _____ Bank Account No. _____

Name(s) _____
(Please Print)

Date _____ Signature _____

Insurance Agency _____ EMC Agency Code _____

☐ Down Payment (available with on-line application submissions only)

☐ Monthly Automatic Withdrawals

CLEAR FORM