

Continental Western Group

Continental Western Insurance Company • Tri-State Insurance Company of Minnesota • Union Insurance Company
Firemen's Insurance Company of Washington, D.C.

Electronic Funds Transfer Authorization Agreement

New Business

Renewal

Changing Bank Account

Name: _____ Account # _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Day Phone: _____

I hereby authorize and request Continental Western Insurance Company to initiate debit entries to my account indicated below in the financial institution named below. I authorize and request my financial institution to accept any debit entries initiated by Continental Western Insurance Company to this account and to debit the same to this account without responsibility for the correctness thereof.

Name of financial institution: _____

Routing Number: _____

Account Number: _____

* If a credit union account, member identification number: _____

This account is a:

Checking Account
(attach voided check)

Savings Account
(attach deposit ticket)

I would prefer payments withdrawn on:

1st of the Month

15th of the Month

It is understood that this agreement may be terminated by me at any time by written notification to Continental Western Insurance Company or my financial institution. Termination shall be effective after receipt of such notification and a reasonable time to act on it.

Customer Signature: _____ Date: _____

Account Holder's Signature: _____ Date: _____
(If other than customer)