

# 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I would prefer payments withdrawn on:

1<sup>st</sup> of the Month

15<sup>th</sup> 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)