



Authorization for Electronic Funds Transfer

This form authorizes your bank or financial institution to automatically deduct your installment premiums from a checking or savings account on a regular basis.

Automatic bill payments through electronic fund transfer (EFT) are a quick and easy, convenient, and secure way to pay your policy. Enrolling in automatic payments is free, and could save you up to \$5 per payment on installment fees with traditional paper billing.

You can also enroll with your agent or within your online account.

Policyholder Name:	
Policyholder Number:	
Account Type: Checking or Savings (type one)	
Account Number:	
Bank Routing Number:	
Email Address:	
Daytime Phone Number:	

Please allow up to 2-3 days for automatic EFT bill payment registrations to process.

I authorize Preferred Mutual Insurance Company to initiate an electronic entry to pay premiums and other charges for my policy(ies) and the entry shall constitute my receipt for the transaction(s). I also understand that if corrections to the entry are necessary, it may involve an adjustment to my account. I understand that returned payments will no longer qualify for EFT, and that Preferred Mutual reserves the right to refuse or terminate my electronic funds transfer payment service. I understand that I may discontinue participation in the EFT program at any time by notifying the Company in writing at One Preferred Way New Berlin, NY 13411, or by initiating a request on Preferred Mutual's Insured Portal by visiting www.preferredmutual.com or by calling Customer Service at 1-800-333-7642. Please allow up to two business days to process a discontinuance request.

Signature: _____

Date: _____

PLEASE NOTE: Once you have completed the form, go to **File>Save As**. Save the completed form to your computer, then open your email and attach the file. Send the completed form via email to customerservice@preferredmutual.com