

Insured EFT Authorization Form



Eliminate the hassle and expense of making your West Bend insurance payments! Use our Electronic Funds Transfer (EFT) Program. Here's how:

1. Upon your approval, we'll divide your annual premium into installments and withdraw that amount directly from your designated bank account.
2. A debit of withdrawal notice will be sent 21 days before your due date and for all subsequent premium changes.
3. The EFT program is a fast, easy way to make your West Bend premium payments. To begin using the EFT program, simply complete this authorization form, enclose a voided check, and return it to our office. A \$1.00 billing fee per installment will be applied.

YES!

Sign me up for Electronic Funds Transfer.

To begin using the EFT program, complete this authorization and bank account information below and return to our office by email or fax (see below).

- New Application*
- Existing Customer
- Change Bank Information

Email:..... billing@wbmi.com
 Billing – Personal Lines Fax:..... **262-338-5126**
 Billing – Commercial Lines Fax:..... **262-335-7007**
 Billing – Phone:..... **800-236-5002**

APPLICANT INFORMATION

Customer Number/Policy Number _____

Name of Applicant _____

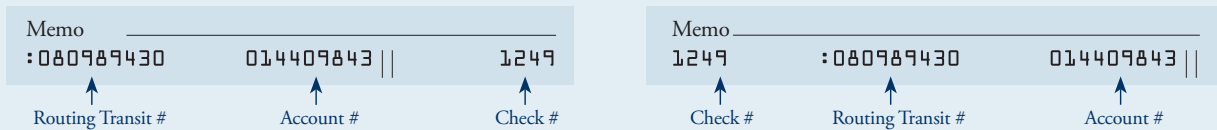
Agency _____

Name of Bank _____

Type of Bank Account **Personal:** Checking Savings **Business:** Checking Savings

Bank Transit Routing Number _____ Bank Account Number _____

Examples of where to find your Transit Routing and Account numbers:



*** INCLUDE A VOIDED BLANK CHECK***

The bank transit routing number and account number are found at the bottom of the check.
 Do not use the numbers found on the deposit slip as they may not be the same.

Please read the following and authorize West Bend Mutual Insurance Company to enroll you in the EFT Program.

- I would like to take advantage of the EFT Program. I understand payments will be withdrawn from my account when due. Withdrawals that cannot be made could result in the recall of my EFT privilege. Withdrawals returned by the bank will generate a \$25.00 fee and may result in the recall of my EFT privilege.
- I give permission to withdraw any current outstanding balance due.
- I'd like to review notifications via email about EFT activity. My email address is _____.

SIGNED _____ DATE _____
Authorized signature

IMPORTANT: An automatic withdrawal transaction between the bank and West Bend Mutual Insurance Company begins **20 days before the withdrawal date**. A withdrawal amount cannot be changed once the transaction has begun. Any endorsements processed during this time will reflect on future withdrawals only.

Notice of at least four business days must be given to cancel a scheduled withdrawal. To stop a transaction in less than four business days, the insured must contact their financial institution.

*Refer to agent's manual for down payment requirements.