



Authorization Agreement for Electronic Funds Transfer

I (we) authorize Woodland Mutual General Agency and the Financial Institution listed below to begin electronic entries to my (our) account listed below.

Customer information:

Insureds' names _____

Address _____

City _____ State _____ ZIP _____

Daytime Phone _____ Cell phone _____

Policy # _____

Bank information:

Bank Name _____

Address _____ City _____ State _____ Zip _____

Check type of account:

Checking – attach a check marked “void”

Savings – attach a deposit slip that includes your account number and the financial institution’s routing number

Important information:

1. I (we) have an account at the financial institution named above with sufficient funds to pay all debit entries.
2. For each payment withdrawn, the account will be electronically charged, the debit entry will serve as my receipt.
3. Either party may terminate this agreement. You may elect to terminate by providing the Woodland Mutual Insurance Company 20 days written notice.
4. This agreement does not modify or change my (our) insurance policy(s).

5. Select EFT billing frequency (check one) Annual Semi Quarterly Monthly*

Signature of account holder _____ Date _____

Signature of account holder (if joint account) _____ Date _____

The signup checklist

1. Authorization form signed and completed (both signatures needed if joint account)
2. Voided check or savings account deposit slip enclosed
3. Payment for current premium due enclosed*
4. Select EFT billing Frequency
5. Send completed form to Woodland Mutual Insurance Company
(Mail to PO Box 240, Carlton, MN 55718 or email to bfeldbrugge@woodlandmutual.com)

*2 months' premium required with completed form when monthly billing frequency is requested

SERVICE FEES WILL APPLY TO EACH INSTALLMENT FOR SEMI-ANNUAL, QUARTERLY AND MONTHLY BILLING MODES