

SOCIETY INSURANCE

Authorization Agreement for Electronic Payments (ACH Debits)

I (we) authorize Society Insurance, a mutual company, to electronically debit (or credit if needed) my insurance premium payments from the financial institution indicated below:

Financial Institution Information

Name of Financial Institution _____

Street Address _____

City _____

State _____

Zip Code _____

(_____) _____
Telephone Number

Account Information

Withdraw funds from my: ___ Checking Account **(Please include a voided check)**
 ___ Savings Account **(Please include a savings account deposit slip)**

Routing Number: _____

Account Number: _____

Start withdrawing funds on: ___ Renewal ___ Next installment ___ This is a new policy

___ Please change our existing ACH bank information and continue automatic withdrawal.

Printed name as it appears on your Society policy

Society's billing account number (if known)

I (we) understand that:

- 1.) This authorization will stay in effect until I (we) revoke it in writing and Society Insurance has a reasonable opportunity to act upon the revocation.
- 2.) Premium payments will be in approximately equal installments, except for rounding or increases in premiums resulting from changes to my policy.
- 3.) Any additional premium payments resulting from an audit will be debited from my account pursuant to this Agreement.
- 4.) Withdrawals that cannot be made due to insufficient funds will result in the recall of my ACH privilege and may, subject to notice required by law, result in cancellation of my policy(ies).
- 5.) If there is an outstanding bill, it must be paid prior to setting up the account for automatic withdrawal.
- 6.) Society Insurance must be notified of any bank account changes at least 10 days in advance of next payment withdrawal.

Policyholder's name printed or typed

Policyholder's signature and date

Telephone number of Insured