



THIS FORM MUST BE SIGNED BELOW BY THE INSURED.

POLICYHOLDER/AGENT INFORMATION:

Name		
Address		
City	State	Zip
Agency Name		

POLICY INFORMATION:

Policy Type	Policy # (if existing)

EFT INFORMATION:

EFT Withdrawal Date <i>(any date between 1 and 31)</i>	<p style="text-align: right;">Deposit Amount</p> <p style="text-align: right;"><i>Annual Policy 10% of policy premium</i></p> <p style="text-align: right;"><i>Semi-Annual Policy 33% or 2 months of policy premium</i></p> <p style="text-align: right;">\$ _____</p>
<i>This date cannot be changed.</i>	

FINANCIAL INFORMATION:

Financial Institution Name		
Address		
City	State	Zip
Type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
IMPORTANT: Please attach a voided check if using checking account.		
Routing #:	Account #:	

- A. I authorize Badger Mutual Insurance Company to electronically transfer my insurance premium payments from my checking or savings account. To cancel this authorization, please contact Five Star General Agency directly.
- B. I understand that premium payments are applied on the withdrawal date shown above. If my account has insufficient funds at the time of transfer:
 1. the policy will be treated as though no premium payment was made when due, and
 2. the EFT option will be revoked and we will change the policy to Direct Bill.
- C. I understand the withdrawal notification will only be sent if the amount to be withdrawn changes more than \$15 from the prior payment.
- D. I understand if my EFT payment is returned NSF, there will be a \$45 fee to resume EFT.
- E. I understand that if I remove myself from the EFT plan, there will be a \$25 fee to resume EFT.

Policy Holder Signature: _____ Date: _____