



PENNSYLVANIA LUMBERMENS MUTUAL
INSURANCE COMPANY

ELECTRONIC FUNDS TRANSFER

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

INSURED NAME

PLM ACCOUNT NUMBER

I (we) hereby authorize Pennsylvania and Indiana Lumbermens Mutual Insurance Companies, hereinafter called COMPANY, to initiate debit entries to my (our) checking account indicated below and the bank named below, hereafter called BANK, to debit the same to such account.

BANK NAME

9 DIGIT TRANSIT/ABA NO.

YOUR BANK ACCOUNT NO.

In lieu of completing the above information, you may attach a copy of a voided check.

This authority is to remain in full force and effect until COMPANY and BANK have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

DATE OF DEDUCTION: Your first deduction will occur on your policy effective date and will continue on the same day of the month, following your chosen EFT payment plan. NOTE: If the policy effective date falls on the 29th, 30th, or 31st of any month, your first deductions will be made on the 1st of the following month and will continue on 1st of every month.

Form Submitted By:

Title:

Date:

Please email your completed form to custserv@plmins.com.