

AGREEMENT FOR MONTHLY RECURRING ELECTRONIC FUNDS TRANSFER

I authorize American Mutual Insurance Association to initiate recurring debit withdrawals from my checking or savings account for the purpose of collecting premium payments. I will only receive a premium notice if the change amount is more than \$1.00 difference.

Down Payment & Billing Fee: In order to get you set up with monthly billing we need 2 months premium plus \$1.00 billing fee for each month. Thereafter, the monthly withdrawal will be the monthly premium plus \$1.00 billing fee for each month.

Withdrawal dates: American Mutual Insurance will be sending a "Withdrawal Draft" on the 1st, 8th, 15th and 22nd of each month. Please determine your withdrawal date using the following chart:
Policy due dates between 1st and 3rd of month: EFT withdrawal date on the 15th of previous month.
Policy due dates between 4th and 11th of month: EFT withdrawal date on the 22nd of previous month.
Policy due dates between 12th and 18th of month: EFT withdrawal date on the 1st of current month.
Policy due dates between 19th and 25th of month: EFT withdrawal date on the 8th of current month.
Policy due dates between the 26th and 31st of month: EFT withdrawal date on the 15th of current month.

Please fill in the information below:

Bank/Depository Name:	Branch:
City:	State & Zip:
9 digit Transit/ABA Number (lower left corner)	Account Number (<u>circle one</u>) Checking Savings

This authority will remain in force until I notify my Agent or give written notice to American Mutual Insurance Association to cancel or revise it. If my debit/payment is rejected for "Non Sufficient Funds" I will be charged an additional \$20 NSF fee.

Name (please print)	Signature:	Date:
---------------------	------------	-------

****This form must be printed, signed and submitted with a voided check (or deposit ticket) attached****