



EFT Authorization Form

Instructions:

1. Complete & sign this authorization form to set your account up for Electronic Funds Transfer (EFT).
2. Send your completed form to:
Mail: Cameron Insurance Companies, Attn: Accounting, 214 McElwain Dr., Cameron, MO 64429
or Email: accounting@cameron-insurance.com

EFT is a monthly payment option that systematically debits your account for each individual policy you enroll in the program. Transactions will occur on the selected date or the first business day after the selected date. You may select a day of the month for payment to be withdrawn on this authorization form. You may change your deduction date in advance, as long as there are no transactions pending. Your account will be assessed a \$1.00 fee for each EFT transaction.

You will receive a notice stating how much will be deducted from your account prior to the actual transaction. This deduction notice will be sent each time there is a change to the monthly amount being debited. *If there is no change to the amount, no notice will be sent.*

IMPORTANT: Continue to pay your regular bill until you receive your new EFT bill.

YOUR INFORMATION

Policyholder Name: _____

Insurance Policy or Account Number: _____

Desired date for automatic deduction: _____

FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Bank Account Number: _____

I (we) hereby authorize Cameron Mutual Insurance Company, hereafter called Company, to initiate monthly deductions from my (our) checking account, identified above, for the minimum payment on the insurance policy issued to me (us) by Company, and any renewals or re-writes thereof (whether the same policy number or a newly assigned policy number), and to initiate credit entries to my (our) account in order to correct any erroneous deductions or to provide refund of premium. I (we) authorize the Financial Institution named above to accept and charge such entries to my (our) account.

I (we) understand that this authorization allows the Company to adjust the monthly deductions to reflect any premium changes and policy renewals.

This authorization will remain in effect until I (we) provide written notice to Company and Financial Institution of its termination in such time and in such manner as to afford Company and Financial Institution a reasonable opportunity to act on it. If my Financial Institution information changes, I agree to submit to Company an updated EFT Authorization Form.

Signature: _____ Today's Date: _____