Authorization Agreement for Electronic Funds Transfer (EFT) Maine Mutual's "Freedom Plan"

CUSTOMER INFORMATION

Name: _____

Maine Mutual Policy #_____

Name & Address of Bank:_____

_____

_____

Type of Account: *(circle one)* **Checking** **Savings**

Account #:_____

ABA#:_____

(9 digit number between the two colons on the bottom of your check.)

Name as it appears on your bank account:

_____

Date you wish to have funds withdrawn: *(circle one)*

5th **20th**

TERMS OF AGREEMENT

I hereby request and authorize Maine Mutual Fire Insurance Co., to debit/credit my bank account as payments for my policy(ies) become due. I agree that if a debit/credit is dishonored, the bank shall have no liability even if the dishonored debit/credit results in the forfeiture of insurance. This authority is to remain in full force until Maine Mutual and the above named bank have received written notice from me of its termination. No payment to Maine Mutual shall be deemed to have been made unless and until Maine Mutual receives actual credit.

Signature of Bank Account Holder:

_____ **Date:**_____

Mail this completed form and a *VOIDED* check (if you are using a checking account) to ***Maine Mutual Fire Insurance Co., PO Box 729, Presque Isle, ME 04769.***