

Insured Recurring EFT Authorization Form



Eliminate the hassle and expense of making your West Bend insurance payments!
Use our Electronic Funds Transfer (EFT) Program. Here's how:

1. Upon your approval, we'll divide your annual premium into installments and withdraw that amount directly from your designated bank account.
2. A debit of withdrawal notice will be sent 21 days before your due date and for all subsequent premium changes.
3. The EFT program is a fast, easy way to make your West Bend premium payments. To begin using the EFT program, simply complete this authorization form and return it to our office.
4. A voided check may be included to verify bank information. A \$1.00 billing fee per installment will be applied.

Return completed form to Billing

To begin using the EFT program, complete this authorization and bank account information below and return to our office by email or fax.

For any questions contact Billing at 800-236-5002.

Email:.....**billing@wbmi.com**

Billing – Personal Lines Fax:.....**262-338-5126**

Billing – Commercial Lines Fax:.....**262-335-7007**

APPLICANT INFORMATION

Customer Number/Policy Number _____

Name of Applicant _____

Phone Number _____ Email Address _____

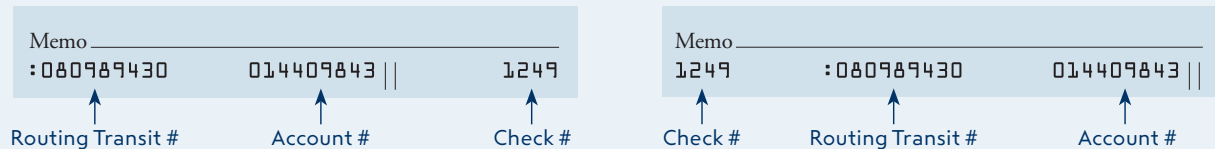
Agency _____

Name of Bank _____

Type of Bank Account **Personal:** Checking Savings **Business:** Checking Savings

Bank Transit Routing Number _____ Bank Account Number _____

Examples of where to find your Transit Routing and Account numbers:



Do not use the numbers found on the deposit slip as they may not be the same.

Please read the following and authorize West Bend Mutual Insurance Company to enroll you in the EFT Program.

- I would like to take advantage of the EFT Program. I understand payments will be withdrawn from my account when due. Withdrawals that cannot be made could result in the recall of my EFT privilege. Withdrawals returned by the bank will generate a \$25.00 fee and may result in the recall of my EFT privilege.
- I give permission to withdraw any current invoiced balance due.
- I'd like to review notifications via email about EFT activity.

SIGNED _____ DATE _____
Authorized signature

IMPORTANT: An automatic withdrawal transaction between the bank and West Bend Mutual Insurance Company begins **20 days before the withdrawal date.** Any endorsements processed during this time will reflect on future withdrawals only.

***We cannot guarantee same day setup, changes, or cancellation of payments, please contact Billing at 1-800-236-5002 for these types of requests.**

*Refer to agent's manual for down payment requirements.