

# Electronic Fund Transfer Authorization



REQUEST FOR PRE-AUTHORIZED WITHDRAWAL OR A CHANGE TO AN EXISTING EFT

- Start New Deduction
- Change Routing Number or Account Number
- Add to Existing EFT Policy Number \_\_\_\_\_

I hereby authorize NMIN Alliance/PayLogix to make withdrawals from my account for the purpose of paying insurance premiums on the policies listed:

Depositor Name (First, MI, Last)	Financial Institution Name
Mailing Address of Depositor	Financial Institution Address
Telephone Number of Depositor	Telephone Number of Financial Institution
Depositor Account Number	Transit Routing Number

Check One:

- Checking *Please attach a voided check.*
- Savings *Please ask your financial institution to verify that this EFT will be accepted and that the above information is correct. This verification is necessary, as not all financial institutions will acknowledge an EFT debit to a savings account.*

Policy Number (if issued)	Amount	Policy Number (if issued)	Amount
1.	\$	5.	\$
2.	\$	6. Administration Fee Monthly Deduction - \$3.00 Semi-Annual Deduction - \$18.00 Annual Deduction - \$36.00	\$
3.	\$		
4.	\$	7. Total Withdrawal	\$

Please withdraw a total of \$\_\_\_\_\_ (including the administration fee) on a  monthly  semi-annual  annual basis. Make withdrawal(s) on the \_\_\_\_\_ day of the month (please choose a day between the 1st and the 25th). If a day is not selected, NMIN Alliance/PayLogix will select the day nearest the premium due date.

This authorization will not apply to an alternate or additional policy until the alternate or additional policy has been delivered and the initial premium settled. Notification to discontinue EFT withdrawal should be received by NMIN Alliance/PayLogix five (5) days prior to day of withdrawal.

I agree that the withdrawals on such Financial Institution shall constitute due notice of premiums being due upon the policy. The withdrawals reflected on my bank statement will constitute a receipt. I understand that if any account withdrawal is not paid upon presentation and any premiums due on the policy are not paid within the time stipulated in the policy, insurance coverage may lapse or may be terminated by the issuing insurance company.

\_\_\_\_\_  
Name of Depositor (please print)

\_\_\_\_\_  
Name of Co-signer (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (exactly as it appears on bankcard signature)

\_\_\_\_\_  
Signature of Co-signer (if applicable)