

- Continental Western Insurance Company, Urbandale, IA
- Tri-State Insurance Company of Minnesota, Luverne, MN
- Union Insurance Company, Lincoln, NE

- New Business
- Renewal
- Changing Bank Account

# **Continental Western Group**

## *Electronic Funds Transfer Authorization Agreement*

Name: \_\_\_\_\_ Account # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Day Phone: \_\_\_\_\_

I hereby authorize and request the above company to initiate debit entries to my account indicated below in the financial institution named below. I authorize and request my financial institution to accept any debit entries initiated by the above company to this account and to debit the same to this account without responsibility for the correctness thereof.

Name of financial institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

• If a credit union account, member identification number: \_\_\_\_\_

This account is a:  Checking Account *(attach voided check)*  Savings Account *(attach deposit ticket)*

I would prefer payments withdrawn on:  1st of the Month  15th of the Month

It is understood that this agreement may be terminated by me at any time by written notification to the above company or my financial institution. Termination shall be effective after receipt of such notification and a reasonable time to act on it.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If other than customer)