



WESTERN NATIONAL
INSURANCE

The relationship company

Electronic Funds Transfer Authorization Form

Staple voided check or savings deposit slip here

Name of Financial Institution		Branch
City	State	Zip Code
Financial Institution Routing Number		Account Number
Please indicate the type of account: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account		

Insured's Name – Please Print

Address – Please Print

Options for Personal policies:

Monthly Full Pay

Options for Commercial policies:

Monthly Semi-Annual*

Quarterly* Full Pay


*Available only for policies effective on or after 9/1/2008

Please list the policy number(s) that should be paid by electronic funds transfer:

Preferred Due Date: _____

I (we) authorize Western National Mutual Insurance Company and the financial institution named above to initiate entries to my (our) checking / savings account. This authority will remain in effect until I (we) notify you in writing to cancel this agreement.

I (we) understand that I (we) can stop payment of any entry by notifying Western National at least 3 days before my (our) account is charged.

 Signature(s) of account holders

Date

If this is a joint account, both authorization signatures are required.

SEND COMPLETED FORM TO: WESTERN NATIONAL INSURANCE GROUP, PO BOX 59184, MINNEAPOLIS, MN 55459-6184.

Retain For Your Records

On _____ I (we) authorized Western National Mutual Insurance Company to initiate electronic entries to my (our) checking/savings account and have agreed to the terms listed on the authorization. I (we) may revoke authorization with the company at any time by writing to:

Western National Insurance Group
PO Box 59184
Minneapolis, MN 55459-6184