



ELECTRONIC FUNDS TRANSFER (EFT)
AUTHORIZATION FORM

CFM Insurance, Inc. accepts automatic withdrawals from checking and/or savings accounts (no credit cards) for payment of premiums on all billing options. Please check billing payment option:

- Annual
- Semi-Annual
- Quarterly
- Monthly

Insured's Name: _____ Policy #: _____

I (we) hereby authorize CFM Insurance, Inc., hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

Depository/Bank Name: _____

- Checking
- Savings

THE DAY OF WITHDRAWAL MUST BE THE SAME AS YOUR RENEWAL DATE.

CFM Insurance, Inc. will notify the customer in writing of the date and the amount of any change in the amount to be withdrawn. The customer will continue to receive a policy declarations page, along with a Pre-Authorized Payment Schedule, on the anniversary of the policy. Standard billing charges will apply on Semi-Annual, Quarterly, and Monthly payment options.

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

By checking this box, I certify that the above information is correct.

Signed: _____ Date: _____

Print and Sign