

“echeck” Electronic Funds Transfer Form

This form must be completed.

Date _____

I (we) hereby authorize Heartland Mutual Insurance Company and the Financial Institution listed below to charge my banking account starting on the (month, day, year) _____ and on the _____ **day** of the month for each month following. I understand this amount will show up on my bank statement for the purpose of payment and amount verification.

Insured's Name: _____

Policy Number(s): _____

Phone Number: () _____ Email Address: _____

Bank Information

Bank Name: _____

Account Name: _____

Bank Routing/Transit # _____ - _____ - _____ (The 9 digit number between the colons on the bottom of you check)

Bank Account #: _____

Bank Account Type _____ (checking, business checking, savings) Bank Phone Number: () _____

I (we) certify that the information above is true and correct, and that this authority is to remain in full force and effect until Heartland Mutual has received written notification from me (us) of change or cancellation in such time and in such manner as to afford the depositor a reasonable opportunity to act upon it. I (we) maintain the right to stop payment of the debit entry (deduction) by written notice delivered to Heartland Mutual twenty (20) days in advance of the scheduled payment date.

Insured(s) Name Printed: _____

Insured(s) Signature: _____

Date: _____

Date: _____

Please include a void check and a check for two months premium must also accompany this form in order to complete this request.

Mail to: Heartland Mutual Insurance Company
P.O. Box 98
Lismore, MN 56155.