

Electronic Funds Transfer
Authorization Form

I (we) hereby authorize Heartland Mutual and the Financial Institution listed below to begin electronic debit entries to my (our) account listed below. I understand this amount will show up on my bank statement for the purposes of payment and amount verification.

Customer Information (Please Print)

Insured's Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone # _____

Policy #(s) _____ - _____ - _____

Bank Information

Your Banks Name _____

Bank Phone # _____ - _____ - _____

Your Bank Account #: _____

Bank Routing/Transit #: _____ - _____ - _____

(The 9 digit number between the colons on the bottom of your check)

I (we) understand this authority is to remain in full force and effect until Heartland Mutual has received written notification from me (us) of its termination in such time and in such manner as to afford the depositor a reasonable opportunity to act on it.

I (we) maintain the right to stop payment of the debit entry (deduction) by written notification delivered to Heartland Mutual twenty (20) days in advance of the scheduled payment date.

Signature of Account Holder(s) Date