



# Electronic Funds Transfer Authorization Form

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

email Address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Contact Person \_\_\_\_\_

Bank/Credit Union Name \_\_\_\_\_

ABA Transit/Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Account Type:  Checking  Savings **(Please attach a copy of a voided check.)**

**Frequency (Select One):**

Annual.....Annual Premium All premiums  Quarterly ..... Annual Premium \$1,000 and over

Semi-Annually.....Annual Premium \$400 and over  Monthly..... Annual Premium \$4,000 and over

The electronic transfer will be processed on the due date shown on the invoice.

Effective \_\_\_\_\_ I hereby authorize and request Retailers Insurance Company to make debit and/or credit entries from my account at the financial institution shown above as payments on my policy become due. This agreement may be terminated by written notice from one party to the other.

If the Electronic Funds Transfer payment is requested on a new account, the down payment must accompany the application.

This information will be used by Retailers Insurance Company only for the processing of insurance premiums and will be kept strictly confidential.

Note: All returned bank drafts or returned checks for non-sufficient funds or account closed will be subject to \$25.00 fee.

\_\_\_\_\_  
Authorized Signature Date

\_\_\_\_\_  
Print Name Title

**Mail to:** Retailers Insurance Company, 603 South Washington Avenue, Lansing MI 48933  
**Fax to:** 517.372.1303  
**Do not email this form unless it is sent by encrypted email.**

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603 South Washington Avenue  
Lansing, MI 48933

Phone: 517.372.5656  
Toll-free: 800.366.3699  
Fax: 517.372.1303

Retailers.com  
RetailersInsurance.com  
BuyNearbyMI.com

