

## 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					
	avings( <b>Please attach a</b> ersonal	copy of a voi	ded check.)		
Frequency (Select One):					
Annual Premium All	l premiums	Quarterly	Annual I	Premium \$1,0	000 and over
Semi-AnnuallyAnnual Premium \$400 and over				000 and over	
One time payment only in the amount of Recurring transfers will be processed according be processed as soon as possible.		l schedule ind	cluded with yc	our policy. Or	ne time payments will
Audits I authorize the above account to be use	d for oudit poymonto	sion to use this accou		tact RIC regarding ti	your account. This is granting permis- he audit amount and confirm if we can
Effective I h entries from my account at the financial in- terminated by written notice from one party	stitution shown above a	as payments	on my policy b		nake debit and/or credit This agreement may be
If the Electronic Funds Transfer payment is I	requested on a new acc	ount, the dow	n payment mu	ıst accompa	ny the application.
This information will be used by Retailers strictly confidential.	Insurance Company of	nly for the pr	ocessing of ir	isurance pre	emiums and will be kept
Note: All returned bank drafts or returned o	checks for non-sufficier	nt funds or ac	count closed	will be subje	ct to \$38.00 fee.
Authorized				Date	
Print Nam	ne			Title	
Mail to: Retailers Insurance Compa Fax to: 517.372.1303	ny, 603 South Washing	gton Avenue	, Lansing MI 4	18933	
Do not email this form unless it is	s sent by encrypted e	mail.			
603 South Washington Avenue Lansing, MI 48933	Phone: 517.372.565 Toll-free: 800.366.3 Fax: 517.372.1303	699 F	Retailers.com RetailersInsura BuyNearbyMI.c		103123