

WYANDOT MUTUAL INSURANCE CO.
****** EFT PAYMENTS******

Disclosure

I (we) have been authorized by the customer to submit an EFT. This authorization is to remain in full force and in effect until the date of last payment or Wyandot Mutual Insurance Co. has received notification from me (or us) of its termination in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Policy #:

EFT Information:

Name on Check:	
Bank Name:	
Routing Number:	
Account Number:	
Checking or Savings:	
Payment Amount:	
On Going Payment?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Insured Email Address:	
Today's Date:	

Insured Signature: _____
(if available)