

**DAKOTA FARM MUTUAL INSURANCE COMPANY**

**AUTHORIZATION AGREEMENT FOR CONSUMER RECURRING PAYMENTS**

**Customer Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

I (we) hereby authorize Dakota Farm Mutual Insurance Company, hereafter called COMPANY, to initiate recurring debit and/or credit entries to my (our) Checking Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit and/or credit the same to such an account. I (we) acknowledge that the originator of ACH transaction to my (our) account must comply with provisions of U.S. law.

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_

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

Routing Number: \_\_\_\_\_ Account: \_\_\_\_\_

Date of First Payment: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

This authorization is to remain in full force and effect until the Date of Last Payment or COMPANY has received notification from me (or either of us) of its termination in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Dakota Farm Mutual Insurance Company:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_