MONTHLY ACH AUTHORIZATION FORM GERMAN-AMERICAN FARM MUTUAL

100 South 2nd St. ● Pflugerville, TX 78660 ● 512-990-5711

Monthly ACH Authorization

Use this form to allow recurring monthly electronic withdrawals from your bank account.

Section 1: Policyho	older Informatio	n (Policyholder & Bank	c account Owner name must match)
First Name	Middle Initial	Last Name	Phone Number
Street Address		City	State Zip Code
mail		(required for registration)	
Section 2 : Choose	what you would	like to do	
☐Start a new monthly ele	ectronic payment plan	☐ Change bank	account on an existing plan
Section 3 : Policy ir	nformation		
Policy #		Policy #	
Policy #			
Policy #		Policy #	
Section 4: Electron	ic payment bank	information	
Down Payment:	. ,		
Bank Name	Bank Rout	ing Number	Bank Account Number
Recurring Payment (if sai	me as Down Payment,	leave blank):	
Bank Name	•	ing Number	Bank Account Number
Section 5: Authoriz	zation & Signatur	 ′е	
	•		account identified above, I
authorize German Americ			
account, or any future acc	count I may provide as	a replacement, fo	or payment of premiums.
Bank Account Owner's Si	gnature		Date (mm/dd/yyyy)
Sign Here			