Monthly ACH Authorization

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

Section 1: Policyholder Information (Policyholder & Bank account Owner name must match)

First Name   Middle Initial   Last Name   Phone Number

_____ _____   _____   _____

Street Address   City   State   Zip Code

_____   _____ _____ _____

Email _____(required for registration)

Section 2 : Choose what you would like to do

☐ Start a new monthly electronic payment plan ☐ Change bank account on an existing plan

Section 3 : Policy information

Policy # _____	Policy # _____
Policy # _____	Policy # _____
Policy # _____	Policy # _____

Section 4: Electronic payment bank information

Down Payment:

Bank Name   Bank Routing Number   Bank Account Number

_____ _____   _____

Recurring Payment (if same as Down Payment, leave blank):

Bank Name   Bank Routing Number   Bank Account Number

_____ _____   _____

Section 5: Authorization & Signature

By signing below, I agree that on behalf of all owners of the bank account identified above, I authorize German American Farm Mutual to make electronic withdrawals from the bank account, or any future account I may provide as a replacement, for payment of premiums.

Bank Account Owner's Signature   **Date** (mm/dd/yyyy)

Sign
Here

_____   _____