

AUTHORIZATION AGREEMENT
FOR
AUTOMATIC BANK ACCOUNT WITHDRAWAL

POLICYHOLDER NAME: _____

POLICYHOLDER TIN/SSN NO.: _____

ACCOUNT HOLDER / BUSINESS NAME (if different): _____

I hereby authorize WMI Mutual Insurance Company (“WMI”) to initiate recurring debit entries to the account indicated below, and I authorize the depository institution named below (“Depository”) to debit such account in order to pay the full amount of monthly applicable premium due invoices owed to WMI. I understand and agree that this authorization allows and directs WMI to initiate monthly debit entries from my account on a recurring basis in amounts that will fully satisfy monthly premium obligations, and that said amounts may vary due to enrollment changes and/or premium rate changes. I further understand and agree the monthly debits will be withdrawn in the month for which premium is due, and will generally be withdrawn on or about the fifth (5th) day of said month. This authorization is to remain in full force and effect unless and until terminated by me at my sole discretion. In order for a termination of the authorization to be effective as to a particular premium invoice, I understand that WMI must receive notice of the termination in writing at its home office in such time and manner as to afford WMI and the Depository a reasonable opportunity to act thereon which is generally understood to be no later than the twentieth (20th) day of the month preceding the month of insurance coverage for which the premium payment is due.

DEPOSITORY BANK NAME _____

CITY _____ **STATE** _____ **ZIP** _____

TRANSIT/ABA NO. _____ **ACCOUNT NO.** _____

(Account Type: Checking Savings)

POLICYHOLDER AUTHORIZATION

NAME _____ **TITLE** _____

(Print)

BANK ACCOUNT HOLDER (if different) _____

SIGNATURE _____ **DATE** _____