

AUTHORIZATION AGREEMENT
FOR
AUTOMATIC BANK ACCOUNT WITHDRAWAL

POLICYHOLDER
NAME _____

POLICYHOLDER
TIN/SSN NO. _____

I hereby authorize WMI Mutual Insurance Company ("WMI") to initiate debit entries to the checking account indicated below and the depository institution named below ("Depository") to debit such account.

DEPOSITORY
NAME _____

BRANCH _____

CITY _____

STATE _____ **ZIP** _____

TRANSIT/ABA NO. _____

ACCOUNT NO. _____

(Account Type: **Checking** **Savings**)

This authority is to remain in full force and effect until WMI has received written notification from me of its termination in such time and in such manner as to afford WMI and Depository a reasonable opportunity to act thereon.

NAME _____
(Print)

SIGNATURE _____

DATE _____