



Thank you for agreeing to pay your insurance premium using Automatic Payment. Electronic payments save time and you will enjoy the convenience. No more late fees! Banking rules require your approval to collect payments in this manner. The approval is active until you notify us in writing to stop using Automatic Payment.

Please complete this form and return it so we can set up your Automatic Payment.

DIRECT PAYMENT AUTHORIZATION

I hereby authorize Kane County Mutual Insurance Company to initiate entries to my checking or savings account at the financial institution listed below and at the intervals noted below. This authority will remain in effect until five days after I provide written notice to cancel it.

912- _____
Policy Number(s)

Your Name (please print)

Bank or Credit Union Name

Your Address

Bank or Credit Union Address

City State Zip

City State Zip

Transit / ABA Number (see sample below)

Bank Account Number (see sample below)

Your Signature

Today's Date

Email address:

Best phone # to reach you, if we have questions

I wish to make my payments (check one):

- Monthly \$36.00 Year (12 - \$3.00 payments)
- Quarterly \$20.00 Year (4 - \$5.00 payments)
- Semi-annually \$10.00 Year (2 - \$5.00 payments)

Please attach a copy of a "Voided" check - deposit slips will not be accepted. Sample below:

