



AUTHORIZATION FOR AUTOMATIC PAYMENTS

I authorize DAKOTA-STANTON MUTUAL INSURANCE COMPANY to electronically transfer my insurance payments from the account indicated on the **attached voided check**. I understand this authorization will remain in effect until I **revoke it in writing**.

Name: _____

Daytime Phone# _____ Policy # _____

Name of Financial Institution: _____

CHECKING (attach a check marked "VOID") SAVINGS (attach a deposit slip)

1. I have the account at the financial institution named above with sufficient funds to pay all debit entries.
2. For each payment withdrawal, the account will be charged electronically. The debit entry will serve as my receipt.
3. Either party may terminate this agreement by providing advance written notice.
4. This agreement does not modify my insurance policy(s).

SIGNATURE _____ Date _____

*****ATTACH VOIDED CHECK*****