

# AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

I authorize Preferred Mutual Insurance Company to make arrangements with the bank or financial institution specified to deduct my insurance premium from my account identified below. I understand that I may discontinue participation in the Electronic Funds Transfer Program at any time by notifying in writing the Preferred Mutual Insurance Company. **Note: All open invoices must be paid before your account can be set up on EFT. Please enclose voided check. If this form is submitted with an application, please include the appropriate down payment.**

Policies to be paid through EFT:

Policy Number \_\_\_\_\_ Policy Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of Bank or Financial Institution \_\_\_\_\_  
Address \_\_\_\_\_

Checking Account No. \_\_\_\_\_ Savings Account No. \_\_\_\_\_

Bank Routing No. \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print)



\_\_\_\_\_  
(Name (Please Print))

**Preferred Mutual Insurance Company**  
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1-800-333-7642  
[www.pminaco.com](http://www.pminaco.com)