

Bear River Mutual Insurance Company

PO Box 571310, 778 E Winchester St (6600 S)
Murray, UT 84157-1310

**ELECTRONIC FUNDS TRANSFER (EFT) –
INSURANCE PAYMENT AUTHORIZATION**

Insured Name: _____

Policy number(s): _____

Checking Account Information

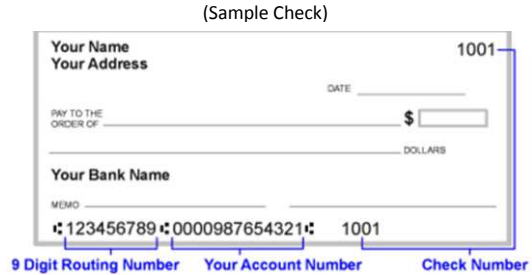
Bank Name: _____

Account Holder Name: _____

Routing Number: (9 digits)

Bank Account Number:

Withdrawal Date: (Between 1-28)



I hereby authorize BEAR RIVER MUTUAL INSURANCE COMPANY and the Financial Institution identified above to initiate automatic deductions from, and if necessary credit adjustment entries to, my Financial Institution account for my monthly insurance premium payments.

Authorization will remain in effect until BEAR RIVER MUTUAL INSURANCE COMPANY receives written notification from me, or I receive written notification from BEAR RIVER MUTUAL INSURANCE COMPANY, of its termination.

Notification of any changes to or termination of, the monthly EFT withdrawal must be received at BEAR RIVER MUTUAL INSURANCE COMPANY ten (10) working days prior to the scheduled monthly withdrawal date.

I also understand that any EFT payment returned to BEAR RIVER MUTUAL INSURANCE COMPANY will be charged \$25.00.

Authorized Signature: _____

Date: _____

TO ENSURE ACCURACY, PLEASE ATTACH A VOIDED CHECK IN THE SPACE BELOW