

Bear River Mutual Insurance Company

PO Box 57310 Murray, UT 84157-0310

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

Effective August 2008

Insured Name _____ Policy #'s C
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Withdraw Payment from My Checking Account No. _____
(Cannot be withdrawn from Savings Account)

Bank Name: _____

Withdrawal date is: _____
Choosing a withdrawal date other than the effective date, may cause a slight increase in your final payment prior to billing for renewal.

I hereby authorize BEAR RIVER MUTUAL INSURANCE COMPANY and the Financial Institution shown on my attached voided check, to initiate automatic deductions from, and if necessary credit adjustment entries to, my Financial Institution and 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.

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

Authorized Signature: _____ Date: _____

PLEASE ATTACH VOIDED CHECK IN THE SPACE BELOW.

THIS FORM WILL BE SENT BACK IF A DEPOSIT SLIP IS USED.