



ELECTRONIC FUNDS TRANSFER (EFT) Insurance Payment Authorization

Payer Name:
Account Number:

FINANCIAL INSTITUTION INFORMATION

Routing Number	Bank Account Number	Account Type	Withdrawal Day of Month

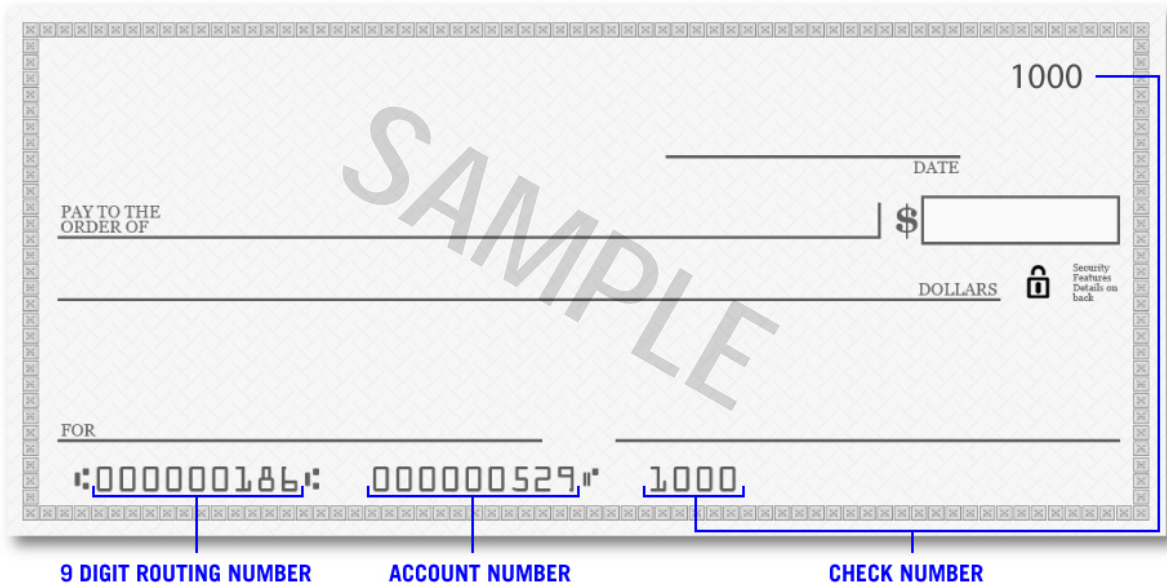
I hereby authorize BEAR RIVER MUTUAL INSURANCE COMPANY and the financial institution identified above to initiate automatic deductions from, and if necessary credit adjustment entries to, my financial institution account for my monthly insurance premium payments.

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: _____



Do not email this form. For security reasons please fax, mail or hand deliver to your Bear River Mutual agent.