



EASTERN IOWA MUTUAL INSURANCE ASSOCIATION

506 FIRST AVENUE SOUTH MT VERNON, IA 52314
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AGREEMENT FOR RECURRING ELECTRONIC FUNDS TRANSFER

I authorize Eastern Iowa Mutual Insurance to initiate recurring debit withdrawals from my checking or savings account for the purpose of collecting premium payments. The debit amount will change if the premium changes, and I will receive notice of such changes.

Select Payment Schedule:

- _____ **Monthly Payment:** 1/12th of the annual premium withdrawn each month on the due date
- _____ **Quarterly Payment:** 1/4th of the annual premium on the due date
- _____ **Semi Annual Payment:** 1/2 of the annual premium on the due date
- _____ **Annual Payment:** Annual premium on the due date

Bank/Depository Name:	Branch:
City:	State & Zip:
9 digit Transit/ABA Number (Lower left corner):	Account Number (Circle one →) Checking or Savings

This authority will remain in force until I give written notice to Eastern Iowa Mutual Insurance to cancel or revise it. If my debit/payment is rejected for "Non Sufficient Funds" I will be charged an additional \$20 NSF fee and only **direct** payments of quarterly, semiannual or annual will be allowed.

Name (please print):	Signature:	Date:
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**** This form must be printed, signed, and submitted with a voided check (or deposit ticket) attached**