



# WESTERN NATIONAL INSURANCE GROUP Electronic Funds Transfer Authorization Form

Name of Financial Institution \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Please indicate the type of account:  Checking Account  Savings Account

Policyholder's Name (Please Print) \_\_\_\_\_

Policyholder's Address (Please Print) \_\_\_\_\_

Options for Personal policies:  Monthly  Full-Pay

Options for Commercial policies:  Monthly  Quarterly  Semi-Annual  Full-Pay

**\*Required\*** Please list the policy number(s) that should be paid by electronic funds transfer:

\_\_\_\_\_

Preferred Due Date: \_\_\_\_\_

I (we) authorize Western National Insurance Group (Western National Mutual, Western National Assurance, Pioneer Specialty, or Umialik) and the financial institution named above to initiate entries to my (our) checking / savings account. This authority will begin immediately and remain in effect until I (we) notify you in writing to cancel this agreement. I (we) can stop payment of any entry by notifying my Western National Insurance Group company at least 3 days before my (our) account is charged.

Signature(s) of account holders \_\_\_\_\_ Date \_\_\_\_\_

If this is a joint account, both authorization signatures are required.

**MAIL COMPLETED FORM TO: WESTERN NATIONAL INSURANCE GROUP, PO BOX 59184, MINNEAPOLIS, MN 55459-0184 OR FAX TO (952) 921-9230 OR (877) 392-3735.**

Retain For Your Records
<p>On _____</p> <p>I (we) authorized my Western National Insurance Group company and my financial institution to initiate electronic entries to my (our) checking/savings account and have agreed to the terms listed on the authorization. I (we) may revoke authorization with the company at any time by writing to:</p> <p>Western National Insurance Group PO Box 59184 Minneapolis, MN 55459-0184</p>