



Grain Dealers Mutual Insurance Company

P. O. Box 1747, Indianapolis, IN 46206

Phone: (317) 388-4500 (800) 428-7081 Fax: (800) 828-4124

**AUTHORIZATION AGREEMENT FOR
ELECTRONIC FUNDS TRANSFER**

I (we) of the undersigned agency hereby authorize Grain Dealers Mutual Insurance Company to initiate paperless debit entries of withdrawal by electronic funds transfer (EFT) as requested to my (our) checking/savings account at the financial institution indicated below.

[PLEASE ATTACH A COPY OF A VOIDED CHECK HERE]
(Note that deposit slips do not always have the necessary routing number. Please provide a voided check.)

In addition, the Company is authorized to initiate paperless credit entries of deposits by EFT to the agency's checking/savings account number at the financial institution indicated below (if different from above).

[PLEASE ATTACH A COPY OF A VOIDED CHECK HERE]
(Note that deposit slips do not always have the necessary routing number. Please provide a voided check.)

Grain Dealers Mutual may initiate adjustments (if necessary) for any transactions made in error.

This authority will remain in effect until terminated by either the Company or the agency in writing, with notification in such time as to afford the company and financial institution a reasonable opportunity to act upon it.

Dated this _____ day of _____, _____.

Agency Code: _____ Agency Name: _____

Signature: _____ Title: _____