

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

Electronic Funds Transfer (EFT) is a monthly billing plan in which we automatically deduct your monthly premium from your **Checking** account. With this option you will have no more checks to write and **no monthly billing fees**. The first electronic transfer will not occur for approximately 30 days. We will withdraw the amount due at that time to bring the account current. I understand that Sublimity Insurance Company will notify me of the initial withdrawal amount and any subsequent changes.

For my benefit and convenience, I authorize Sublimity Insurance Company to initiate monthly deductions from my checking account as payments on my insurance policy(s) become due. I have designated below the day of the month for these withdrawals. I understand that Sublimity Insurance Company will notify me of the initial withdrawal amount and any subsequent changes. This authorization will remain in effect until revoked by me in writing. Sublimity Insurance Company may terminate this agreement immediately, subject to applicable cancellation statutes, if any deduction is not honored by the financial institution designated.

New Setup _____ Change _____

Account to be debited no earlier than 7th 14th 21st last day of the month

Customer Name(s) _____ Policy Number _____

Date _____ Signed _____ Signed _____

Thank you for letting us serve you!



If you have any questions about this or the payment options, please call our accounting department at:
1- (877)-300-3552

Please ATTACH a **VOIDED CHECK** from the checking account you wish to utilize for these payments

Fax the completed form to: 503-769-2114

or

Return by mail: Sublimity Insurance Company
PO BOX 219
Sublimity, OR 97385