

FMT INSURANCE



EFT AUTHORIZATION FORM

FMT Insurance provides you with an easy and efficient way to pay your insurance premium. By enrolling in our EFT program, you will be able to eliminate lost checks, late notices, postage, and mailing costs. EFT enrollment is easy:

1. Select preferred billing frequency for Policy	#				
Annual Semi-Annual	Quarterly	10-Pay (monthly for 10 m	onths)	
2. Complete and sign this authorization form.					
Transaction Dates & Amounts: We will send you a secon policy effective date) and amounts for this term a policy change.	and a new sc	hedule ead	ch year at renev	val, and any ti	ime you make a
■ I (we) hereby authorize FMT Insurance to init payment of premium on the insurance policy or po	ls Transfer (E tiate deductio	E FT) Autho ons from m	rization ny (our) checkinę	g account iden	ntified below for
 to initiate credit entries to my (our) account to corr I (we) understand that this authorization al decreases in my (our) premium resulting from cove I (we) authorize the financial institution namaccount: 	llows the Co rage changes	mpany to s during th	adjust the dedu	uction to refle d/or when my	ect increases or policy renews.
Name on Account:	Billing Address:				
Policy Number:					
For ACH Draft:					
Financial Institution Name:					
ABA Routing #:	Account #	:			
For Credit Card Draft (No American Express):					
Card Number and Type:		Visa	Master Card	Discover	
Expiration Date: Security Code #: _					
Insured Signature:			Date:		

Cancellation: We require written notice at least 3 business days prior to the next scheduled withdrawal. Send written notice to *FMT Insurance, P.O. Box 3428, Knoxville, TN 37927, ATTN: Accounting Department*

REMEMBER TO INCLUDE: 1) Payment for Current Amount Due

2) A check for this account marked "VOID" (if ACH).