

Authorization for Direct Payments Via ACH (ACH Debits)

1. Complete the form.
2. Attach a Voided Check (if from checking account) or a Voided Bank Deposit Slip (if from savings account).
3. Insert into the payment envelope.
4. Mail to: Grinnell Mutual Reinsurance Company, PO Box 790, Grinnell, IA 50112-0790

COMPANY NAME Grinnell Mutual Reinsurance Company	COMPANY ID NUMBER 42-0245990
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I (we) authorize Grinnell Mutual Reinsurance Company ("Company") to electronically debit my (our) account indicated below and at the depository financial institution named below ("Depository"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

- CHECKING –**
 For a withdrawal from checking, a VOIDED check must be attached.
- SAVINGS –**
 For a withdrawal from savings, a VOIDED bank deposit slip with both the customer's Routing Number and Account Number must be attached.

YOUR ACCOUNT NAME _____	1234
PAY TO THE ORDER OF _____ \$ 	
_____ DOLLARS	
FOR _____	
	
Routing Number Account Number Check Number	

Debit on _____ day of month. (Withdrawal or payment date.)

DEPOSITORY NAME:	BRANCH:	
CITY:	STATE:	ZIP:
ROUTING NUMBER:	ACCOUNT NUMBER:	

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing that I (we) wish to revoke this authorization in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

NAME(S) – Please Print:		POLICY NUMBER OR BILLING ACCOUNT NUMBER:
DATE:	SIGNED: X	SIGNED: X