

# AutoPay Program Authorization Form

In order to collect insurance premium payments that are due, I hereby authorize Bremen Farmers Mutual Insurance Company to originate electronic entries to the bank or credit card account listed on this form. I also certify that I am the owner of the account or am authorized for its use.

Policy Number \_\_\_\_\_ Policyholder Name \_\_\_\_\_  
(One Per Form) (Please Print)

## **Bank Information**

Routing/Transit Number (9 digits) \_\_\_\_\_ Account Number \_\_\_\_\_

Account Type (Choose One): \_\_\_\_\_ Checking \_\_\_\_\_ Savings

PLEASE ENCLOSE A BLANK, VOIDED CHECK OR A BLANK, PRE-PRINTED SAVINGS DEPOSIT SLIP.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name (If Different than Policyholder Name) \_\_\_\_\_

Address (If Different than Policyholder Address) \_\_\_\_\_

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

## **Credit/Debit Card Information\***

Card Number \_\_\_\_\_

Name on Card (Please Print) \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code (3 or 4 Digit Number Found on Card) \_\_\_\_\_

Card Type (Choose One): \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Discover

Signature \_\_\_\_\_

Date \_\_\_\_\_

Address (If Different than Policyholder Address) \_\_\_\_\_

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

\* A convenience fee of approximately 2.5% (\$3.75 minimum) will be added to each payment if using a credit or debit card.