



# Acadia Insurance®

## *Electronic Funds Transfer Authorization Agreement*

Name: \_\_\_\_\_ Policy No: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Day Phone: \_\_\_\_\_

I hereby authorize and request Acadia Insurance Company (hereinafter called "COMPANY"), to initiate debit entries to my account indicated below in the bank named below (hereinafter called "BANK"). I authorize and request BANK to accept any debit entries initiated by COMPANY to this account and to debit the same to this account without responsibility for the correctness thereof.

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Your Account Number: \_\_\_\_\_

*\* If a credit union account, member identification number:*

\_\_\_\_\_

Type of Account:  Checking Account  Savings Account  
*(attach voided check) (attach deposit ticket)*

Payments withdrawn on:  1st of the Month  15th of the Month

It is understood that this agreement may be terminated by me at any time by written notification to COMPANY or BANK. COMPANY or BANK shall effect termination after receipt of such notification and a reasonable time to act on it.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Bank Account Holder's Signature  
*(If other than customer)*

\_\_\_\_\_  
Date