



Acadia Insurance®

Electronic Funds Transfer Authorization Agreement

Name: _____ Policy No: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email address: _____

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: _____

Bank Account Number: _____

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

Type of Account: Checking Account *(attach voided check)* Savings Account *(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Payments withdrawn on: 1st of the Month 15th of the Month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

_____ *(If other than customer)*

_____ Date