



# ELECTRONIC FUNDS TRANSFER

Make this your last check to NWGF.

Use NWGF Electronic Funds Transfer (EFT) payment option instead!!!

Eliminate the hassle and expense of writing another check to pay your insurance bills.

Your policy premium can automatically be deducted from your checking or savings account by completing and submitting the attached EFT authorization form to NWGF (or you can contact your NWGF agent to complete the form and submit it for you).

Avoid mail delays, late payments resulting in lapsed coverages, a negative payment history, and late payment fees.

To get started, simply complete and detach the EFT authorization form on the right.

Minimum withdrawal is \$25.00.

### When submitting a new application:

Full Pay Discount Option: Submit the full premium amount with application

Monthly EFT Option: Submit minimum 10% of the new application premium. You will receive an EFT billing schedule for the remaining balance.

Full Premium Withdrawal not available on standard policies.

Complete and detach this form and mail in the enclosed payment envelope with your minimum renewal premium payment option. Payment and the EFT Authorization form must be received in the NWGF Home Office prior to the renewal due date indicated on your renewal bill.

Mail to: Northwest G F Mutual Insurance Company  
PO Box 100  
Eureka SD 57437-0100

If you have any questions, please contact your agent shown on the enclosed renewal notice.

### AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER (EFT)

Yes, I want to take advantage of and I authorize Northwest G F Mutual Insurance Company to initiate electronic debit entries to my account for payment of my insurance premium. The bank/financial institution as shown **on my voided check** is also authorized to debit the same to such account.

Policy Named Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**EIE** Monthly withdrawal (\$1 per month charge)  
 policy effective date  Other \_\_\_\_\_

**EID** Full Premium Withdrawal (10% credit)  
 policy effective date

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

Checking  
Bank Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Savings  
Bank Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

The authorization is to remain in full force and effect until NWGF has received written notification from me (or listed policyholder) of its termination in such time and in such manner as to afford **NORTHWEST G F MUTUAL INSURANCE COMPANY** a reasonable opportunity to act, as governed by the Federal Reserve Bank Regulation E.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

- No Checks
- No Postage
- No Coverage Lapse
- Full Pay Option