Northwest GF

MUTUAL INSURANCE COMPANY

ELECTRONIC FUNDS TRANSFER

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

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 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

2 Pay, 4 Pay, Monthly--EFT Option: Submit minimum 50% for 2 pay; 25% for 4 pay; 10% for monthly pay -- of the new application premium. You will receive an EFT billing schedule for the remaining balance.

10% Full Pay EFT credit does not apply to standard policies.

01/19

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: _____

EFT Options ($1 per transaction charge)
☐ 2 Pay ☐ 4 Pay ☐ Monthly
☐ policy effective date ☐ Other _____

☐ Full Premium Withdrawal (approximate 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: _____