

**Indiana Lumbermens Mutual Insurance Company**  
**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**



INSURED NAME \_\_\_\_\_ BILLING ACCOUNT NO. \_\_\_\_\_

I (we) hereby authorize Indiana Lumbermens Mutual Insurance Co., hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_ YOUR BANK ACCOUNT NO. \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

CHOOSE DATE OF DEDUCTION:

1<sup>st</sup>       15<sup>th</sup>       25<sup>th</sup>

PLEASE ATTACH:

- Voided Check

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(Please Print)

SIGNED \_\_\_\_\_

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(Please Print)

SIGNED \_\_\_\_\_