



Thank you for agreeing to pay your *Kane County Mutual* insurance premium using Automatic Payment. Banking rules require your approval to collect payments in this manner. The approval is active until you notify us in writing to stop using Automatic Payment.

Please complete this form and return it to us:

**Kane County Mutual Insurance Co.**  
**417 Williamsburg Avenue, Geneva, IL 60134.**

### DIRECT PAYMENT AUTHORIZATION

*I hereby authorize Kane County Mutual Insurance Company to initiate entries to my checking or savings account at the financial institution listed below and at the intervals noted below. This authority will remain in effect until five days after I provide written notice to cancel it.*

**912-** \_\_\_\_\_  
 Policy Number(s)

\_\_\_\_\_  
 Your Name (please print)

\_\_\_\_\_  
 Bank or Credit Union Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Bank or Credit Union Address

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

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

\_\_\_\_\_  
**Transit / ABA Number** (see sample below)

\_\_\_\_\_  
**Bank Account Number** (see sample below)

\_\_\_\_\_  
 Your Signature

\_\_\_\_\_  
 Today's Date

Email address: \_\_\_\_\_  
 (for receipt only)

\_\_\_\_\_  
 Best phone # to reach you, if we have questions

**I wish to make my payments (check one):**

- Monthly \$12.00 Year (12 - \$1.00 payments)
- Quarterly \$20.00 Year (4 - \$5.00 payments)
- Semi-annually \$10.00 Year (2 - \$5.00 payments)
- Annually No fee

**Please attach a copy of a "voided" check or a deposit slip for savings accounts.**

