

Instructions for Bank Authorization form:

Please complete the Bank Authorization form and return it to our office along with a 'VOIDED' check. Please note, your voided check must be preprinted with the account holder name, financial institution and transit/routing numbers.

If this is a savings account, we will need notification from your bank verifying the routing and account numbers. The notification should be on bank letterhead and be signed by a bank officer.

Requests received without these requirements cannot be processed. You may fax these requests to us at 336-759-3141 or mail them.

Once we receive all of the necessary information, your account will be promptly updated and we will send written confirmation.



ADMINISTRATIVE OFFICE
 PO BOX 11864
 WINSTON SALEM NC 27116

OFFICE: 1-833-508-0404 (TOLL-FREE)
 FAX: 1-336-759-3141

Bank Authorization Form Authority to Honor Premium Checks

Insured Name:	Insurance Policy Number:
Check one:	
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings*
* <i>For a savings account, please ask your financial institution to verify that the ACH will be accepted and that the information below is correct. This verification is necessary, as not all financial institutions will acknowledge an ACH debit to a savings account.</i>	
Name of Bank Customer: _____ Date: _____	
Name of Second Bank Customer (If Applicable): _____	
Branch/Bank Name: _____	
Account Number: _____ Routing Number: _____	
<p>You are hereby authorized, as a convenience to me, to honor and charge my account for checks, drafts and other orders, including without limitation any order initiated by electronic means, drawn by State Mutual Insurance Company, on my account by and payable to the order of State Mutual Insurance Company for the payment of premiums provided there are sufficient collected funds in such account to pay the same upon presentation. I agree that your rights with respect to each such check or other order drawn by State Mutual Insurance Company shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing and, until you actually receive such notice, I agree that you shall be fully protected in honoring any such check or other orders drawn by State Mutual Insurance Company. I further agree that if any such checks or other orders drawn by State Mutual Insurance Company be dishonored, whether with or without cause, and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance.</p>	
Attach voided check, then sign and date this authorization below.	
_____ Signature of Depositor	_____ Date

<p>TO: The Bank named in the above area:</p> <p>In consideration of your compliance with the authorization of your depositor to pay checks, drafts or orders, drawn and presented by us to our order, we agree:</p> <ol style="list-style-type: none"> 1. To indemnify you and hold you harmless from any loss you may suffer as a consequence of your actions resulting from or in connection with the execution and issuance of any check, draft or order, whether or not genuine, purporting to be executed and received by you in the regular course of business for the purpose of payment of such insurance premiums including any costs or expenses reasonably incurred in connection therewith. 2. In the event that any such check, draft or order shall be dishonored, whether with or without cause, and whether intentionally or inadvertently, to indemnify you for such loss even though dishonor results in forfeiture of the insurance. 3. To defend at our own cost and expense any action which might be brought by any depositor or any other persons because of your actions taken pursuant to said authorization and direction or in any manner arising by reason of your participation in this plan of premium collection. <p style="text-align: right;">State Mutual Insurance Company</p>
