



Payment System Withdrawal Authorization

The undersigned hereby authorizes the financial institution listed below to permit debit and/or credit automated clearing house transactions by Grange Mutual Casualty Company, its subsidiaries and affiliates* which transactions represent policyholder premium payments/credits and related charges entered through the Payment System.

Agency Name: _____

Agency Number(s): _____
(Please include all agency codes to be set up.)

<u>Type of Request</u> (choose one)	<u>Company</u> (select all that apply)	<u>Effective Date</u>
<input type="checkbox"/> New Authorization	<input type="checkbox"/> Grange	_____/_____/_____
<input type="checkbox"/> Change to Previous Authorization	<input type="checkbox"/> Integrity	
<input type="checkbox"/> Termination of Authorization		

The debit and/or credit transactions shall be made from/to the following account (choose one):

- Checking **(a voided check must be attached)**
- Savings **(a deposit slip or documentation for savings must be attached)**

Name of Financial Institution (Depository): _____

Routing Number: _____ Account Number: _____

The Agent/Accountholder hereby selects the following method for the debit and/or credit transactions (choose one):

- Lump Sum – Payments entered into the Payment System will be summarized by day and posted two business days later.
- Detail – Each payment entered into the Payment System will be individually posted two business days later.

I acknowledge and understand that I am in full control of my payment; that I will maintain sufficient funds in the account designated above to cover transactions; that failure to maintain sufficient funds in the account may (will) result in a charge outlined in the Agent Electronic Commerce Agreement; and that if at any time I decide to discontinue utilizing the PS Program I may do so by following the procedures as outlined in the Agent Electronic Commerce Agreement. I further acknowledge that all users will read and be familiar with the PS Program Guidelines.

Agency **Owner/Principal** Name (print): _____

Agency **Owner/Principal** Signature: _____

Phone Number: _____/_____/_____

Please fax the completed form to 614-449-6743.

If you have questions about this form, please call 614-449-5351.

*Grange Mutual Casualty Company, Grange Indemnity Insurance Company, Trustgard Insurance Company, Grange Property & Casualty Insurance Company, Grange Insurance Company of Michigan, Integrity Mutual Insurance Company, Integrity Property & Casualty Company