

**To set up for Automatic EFT withdrawals:**

- 1) Go to [www.foremostpayonline.com](http://www.foremostpayonline.com) and set up; or
- 2) Complete Section II of this form (below) and return it to:
  - Your Foremost Representative, or
  - Foremost Specialty Lines, Attention: EFT/EPM Department, PO Box 3218, Grand Rapids, MI 49501, or
  - You may fax the completed Section II form to us at 1-877-618-2318.

**SECTION II - AUTOMATIC EFT WITHDRAWALS**

I choose Automatic EFT withdrawals (Note: Automatic EFT withdrawals will not be made for any bills already sent out.)

I authorize Foremost Insurance Company, Grand Rapids, Michigan and its affiliates and subsidiaries ("Foremost") to initiate Automatic EFT withdrawals.

For policy number \_\_\_\_\_

(First 13 digits) (Example 103-1234567890-01)

Policyholder name \_\_\_\_\_  
(Please Print)

From the following bank account:

Routing/Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_

To pay for future bills for future premium payments due on my policy. (Include a copy of a current voided check or deposit slip with your request.)

John Smith		102
100 Main Street		
Anytown, NY 10012		
PAY TO THE ORDER OF _____		\$ _____
		_____ DOLLARS
MEMO _____		
⑆ 25598589⑆ 0125456987⑆ 0102		
Routing/Transit Number (9 digits)		Account Number

Account Type:  Individual  Business  
Choose One:  Checking  Savings

With this arrangement, Automatic EFT withdrawals will be deducted from my account on the date the premium is due for the amount due. I understand that payments with due dates falling on a Saturday, Sunday, or holiday may be processed the following business day. I also understand and agree that the amounts and dates of the withdrawals are determined by the payment plan I selected for my policy and are not flexible.

I certify that I am an owner or authorized signer for this account.

I authorize the financial institution where this account is held to honor the withdrawals.

I acknowledge it is my responsibility to have sufficient funds in this account to cover these withdrawals. I understand that any automatic withdrawal that is refused due to insufficient funds may be resubmitted at Foremost's discretion. If there are not sufficient funds in this account, I understand my policy may cancel or expire.

If I choose to discontinue Automatic EFT withdrawals or change my account information, I can do so by going to [foremostpayonline.com](http://foremostpayonline.com) or by sending a signed written notice to Foremost Specialty Lines, Attention: EFT/EPM Department, P.O. Box 3218, Grand Rapids, MI 49501. To change my account information, I will send a new, completed authorization form. (Written notice should contain your policy number and your request to stop the automatic withdrawals. Please print and sign your name and date the request.)

The written notice to discontinue EFT withdrawals or change account information must give Foremost and the financial institution enough advance notice that it provides two weeks to act on the request before the next withdrawal is made.

If you are signed up to have your payments automatically withdrawn electronically and decide to request a cancellation of your policy, please check the status of your outstanding bills at that time. Although we will discontinue future automatic withdrawals once we process your request to cancel your policy, it's possible that an automatic withdrawal may have begun to process around the same time as the policy cancellation.

I have also read and agree to the Terms and Conditions that follow.

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

E-mail address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**AGENTS:** If processing your customer's enrollment for Automatic EFT payments, retain this completed and signed authorization (Section II) in your files indefinitely as outlined in Foremost's record retention policy.