

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

Insurance Premiums

I hereby authorize Alfa Insurance and the financial institution designated below to deduct recurring insurance premium payments from my bank account. Payment will be applied to the Billing Reference Number indicated below and will continue to be deducted on approximately the same date and frequency.

Billing Reference Number:	Requested Draft Date:	Draft payment from:
Routing Number:	Account Number:	<input type="checkbox"/> Checking
Financial Institution:		<input type="checkbox"/> Savings
Term of Payment:	Monthly	Quarterly
Auto	<input type="checkbox"/>	<input type="checkbox"/>
Businessowners or Church	<input type="checkbox"/>	N/A
All other lines of business	<input type="checkbox"/>	N/A
		Paid in Full
		<input type="checkbox"/>
		Semi-Annual
		<input type="checkbox"/>
		N/A
		<input type="checkbox"/>

Other Terms

If I elect to stop making payment by EFT, I agree to notify Alfa at least 7 days prior to the current EFT payment due date by contacting my local Alfa office or contacting the Customer Resource Center at 1-800-964-2532. If my routing or account number changes, I will provide Alfa with the new information at least 20 days prior to the next scheduled draft date. In the absence of required notification, I agree to honor any payment deducted or fees incurred. I agree that if any dishonored payment results in the termination of my insurance, Alfa shall be under no liability. I agree to pay Alfa a dishonored item fee of \$30 for each item returned as unpayable by my financial institution. I understand that I will receive advance notice of a change in the EFT amount only if the current amount differs by \$1 or more from the prior amount deducted.

 Print Name (Payer)

 Signature of Payer as it appears on Account

 Payer's Contact Telephone Number

 Date

Named Insured:

Service Center:

Please retain a copy for your records.