

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED ELECTRONIC  
FUNDS AND CREDIT CARD PAYMENTS

With  
German Mutual Insurance Association of NE

I (we) authorize German Mutual Insurance Association of NE to initiate debt entries to my (our) checking/savings account indicated below and the names below to post the same to such account.

If you wish to authorize EFT (Electronic Funds Payments) fill in A, B, C & D below:

A.	_____	B.	_____
Customer's Bank Name		Branch Location Name	
C.	_____	D.	_____
City		State	

If you wish to authorize the use of a credit card, fill in E – K below:

E. Name as it appears on card: \_\_\_\_\_  
F. Policy No. to apply payment to: \_\_\_\_\_  
G. Credit Card Type (Visa or Mastercard Only)      \_\_\_\_\_ Visa                      \_\_\_\_\_ Mastercard  
H. Card# \_\_\_\_\_  
I. Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
J. Signature: \_\_\_\_\_                      K. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Payment frequency: (check one)      Monthly \_\_\_\_\_      Semi-Annual \_\_\_\_\_      Annual \_\_\_\_\_  
Payment amounts will vary depending on any changes to the insurance policy. **Endorsements or changes made to the policy will be charged immediately to either the credit card or EFT account listed above.**

**Disclosure**

This authority is to remain in full force and effect until company had received written notification from me (or either of us), 30 days prior to termination and in such manner as to afford company a reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed by the company prior to receipt of notice of termination.

I (we) further authorize the company to initiate such credit/debit entries to said account as may be necessary to correct any erroneous credit/debit entries previously initiated thereto. I (we) authorize the bank to accept and to credit or debit the amount of such entries to my (our) account. I (we) shall within fifteen calendar doays following the date on which the bank sent to me, a statement of account or a written notice pertaining to such entry, have sent to the bank a written notice identifying such entry, stating that such entry was in error and requesting the bank to reverse the amount thereof to such account.

I (we) have the right to stop payment of any entry by notification to bank prior to posting to the account.

The undersigned hereby agrees that all entries initiated hereunder are to be governed in all respects by the Rules of the Mid-America Payment Exchange as not or hereafter in effect and agrees to be bound thereby.

_____	_____	_____
Date	Customer Signature	Customer Signature
Daytime Phone: _____		

**Attach voided check sample here.**  
Subject to change upon notification by association.