



PIONEER STATE MUTUAL INSURANCE COMPANY

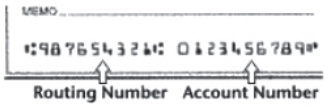
Electronic Funds Transfer (EFT) Authorization For Single Deduction

I (we) hereby authorize, _____, to initiate an electronic debit from the banking account, identified below, **for one payment of premium** on the insurance policy issued by Pioneer State Mutual Insurance Company. I (we) authorize the financial institution identified by the routing number below to accept and post this entry. I (we) represent that I am (we are) the owner(s) and/or an authorized signer(s) on the account.

It is understood that it is my (our) responsibility to ensure sufficient funds are in the account at the time of the scheduled deduction. It is also understood that the policy may cancel if there are insufficient funds in the account.

I (we) acknowledge that the origination of any Automatic Clearing House (ACH) transaction to the account must comply with the provisions of U.S. Law.

Insured Information	
Policyholder or Company Name:	Account/Policy Number:
Email Address:	Phone Number:

Funding Account Information	
<input type="checkbox"/> Savings <input type="checkbox"/> Checking	Financial Institution Name:
	Routing Number:
Name on Account:	Funding Account Number:
Payment Amount:	

ACCOUNT HOLDER SIGNATURE: _____ DATE: _____

Important Notice for Credit Union Members: Credit unions may use a different funding account number than the one shown on your check. Please verify your funding account number through your local office to assure proper setup for withdrawals.

To Agent: This is a confidential form. Please retain this signed and completed form along with a voided check at your agency office in a secured file.