



PLEASE PRINT AND FILL OUT. INSURED SIGNATURE IS REQUIRED.

Email to: eft@stonegateins.com

AUTHORIZATION FOR AUTOMATIC PAYMENTS

Stonegate Insurance Company

I authorize Stonegate Insurance Company and the bank named below to initiate variable entries from my checking/savings account. This authority will remain in effect until I notify Stonegate Insurance Company or the bank named below to cancel it in such time as to afford the bank a reasonable opportunity to act on it. I can stop payment of an entry by notifying Stonegate or my bank 3 **business** days before my account is charged. I can have the amount of an invalid charge immediately credited to my account up to 15 days following issuance of my bank statement or 46 days after posting, whichever occurs first.

Insured Name

Insured Address

Policy Number

Home Phone #

Work Phone #

Name of Financial Institution

Address of Financial Institution

Bank Routing Number

Checking Account Number

OR

Savings Account Number

Signature

Date

NOTE: PLEASE ATTACH A VOIDED CHECK TO THIS FORM. THE TRANSIT ROUTING NUMBER ENCODED ON THIS FORM IS NECESSARY IN ORDER TO ELECTRONICALLY TRANSFER FUNDS BETWEEN ACCOUNTS.

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RETAIN FOR YOUR RECORDS

On _____ I authorized Stonegate Insurance Company to initiate electronic entries from my
Date

checking/savings account at _____ and agreed to the terms listed on the authorization.
Financial Institution