

## Please complete the following application to enroll in our Easy Pay EFT program.

Questions? Visit mutualofenumclaw.com/payments for more details.

Member's Name	Email Address	Phone Number	
Policy Number(s)			
Name of Bank/Credit Union	Routing Number	Account Number	Checking
			Savings
Desired Payment Data	Payment Type:		
Desired Payment Date (cannot be the 29th, 30th, or 31st)	One Full Payment Monthly	One Full Payment Monthly Payments	

## **Authorization and Agreement**

I authorize Mutual of Enumclaw to instruct the financial institution listed above to automatically deduct a payment from my checking or savings account each month. The amount will be deducted and transmitted to Mutual of Enumclaw as payment of my insurance premium. I understand that the institution has no obligation to make such a deduction unless full funds are available. I make this authorization subject to the following conditions:

- I have the right to recover the amount of any erroneous Mutual of Enumclaw deduction either by check or as a credit to my account.
- This agreement is continuous until terminated unless any transaction is not honored by the financial institution designated.
- This authorization may be terminated at any time by me or Mutual of Enumclaw by written notice to the other party.
- Mutual of Enumclaw will provide me written notification when the deduction amount changes by more than \$1.00.

Signature	Date	*Please attach a voided check or savings withdrawal slip.
Serving communities throughout: Washington • Ore	gon • Idaho • Utah • Arizona •	Montana • Wyoming
The home office of Mutual of Enumclaw Insurance Cor is located at 1460 Wells Street, Enumclaw, Washington	1 5 1	y & Casualty Insurance Company