

Debit Authorization

I (we) hereby authorize Norfolk Mutual Insurance Company, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for insurance premiums. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Branch)

(Bank Address)

(City/State)

(Zip)

(Routing Number)

(Account Number)

Account Type: Checking Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(**Print** Individual Name)

(Signature)

(Policy Number/Customer Number)

(Date)

(Agency Name)

Please attach copy of voided check here
(For a savings account, attach a pre-printed deposit slip)