



Oregon Mutual Insurance Group

Oregon Mutual and Western Protectors Insurance Companies
PO Box 7500
McMinnville, Oregon 97128-7500
Billing: 1-800-409-3814 • Fax: 503-565-3876 • Email: billing@ormutual.com

Company Use Only	
Acct. #	_____
Policy #	_____
Eff. Date	_____
Policy #	_____
Eff. Date	_____

Your Name	Telephone
Policy Number, Account Number, or Application Type	
Agency Name and Number	

**AUTHORIZATION FOR AUTOMATIC DEBIT
Electronic Funds Transfer Payment Plan (EFT)**

- NEW** – I, _____, authorize the Oregon Mutual Group to initiate monthly deductions from my bank account when payments are due for my Oregon Mutual Group account. I authorize the financial institution ("bank") shown on my down payment check (or on my voided check) to accept the deductions initiated by the Oregon Mutual Group.
- CHANGE DATE** – I, _____, authorize and request Oregon Mutual Group to change the deduction date as indicated below.
- CHANGE BANK** – I, _____, authorize and request Oregon Mutual Group to change the financial institution ("bank") information to the account indicated at the bottom of this form. (NOTE: Use CANCEL section to stop automatic deductions completely.)
- CANCEL** – Please cancel my (our) existing Authorization for Automatic Debit from:
Account Number _____
Maintained at (Bank Name) _____

I make this authorization subject to these conditions:

- The Oregon Mutual Group must notify me in writing about the amount of the first deduction and must notify me again whenever the deduction amount changes by more than \$1.00. Statements will NOT be sent when the deduction remains the same.
- I have the right to recover the amount of any erroneous Oregon Mutual Group deduction, either by check or as a credit to my account.
- I may terminate this authorization at any time, with reasonable notice, and may do so by notifying the Oregon Mutual Group in writing or by calling 1-800-409-3814, or, for the hearing impaired, TTY 1-800-735-2900. If requesting deduction cancellation orally, I will follow with written notice within 10 days of the request.
- Deductions will be made from the bank account shown on the attached down payment check or my enclosed check marked void. **PLEASE DO NOT SEND DEPOSIT SLIP.**

- Select One {
- New business down payment check attached.
 - Installment payment check attached.
 - Check marked "void" attached.

To verify account status or current installment amount due call 1-800-409-3814.

- Deduct payments for my listed policy(ies) from my bank account on or after the _____ day of each month. (**Eligible due dates include the 1st through the 28th of the month.**)
- The withdrawals shall be made from: Checking Savings

Routing Number Account Number _____

Maintained at (Bank Name) _____

Branch _____

City _____ State _____ Zip _____ - _____

Insured Signature _____ Date _____

Insured's Name (PLEASE PRINT) _____