



SOUTHERN MUTUAL INSURANCE COMPANY

Agency Authorization Agreement for Preauthorized Debit and Credit Electronic Funds Transfer

Name: _____ Tel #: _____

Address: _____

City: _____ State: _____ ZIP: _____

Agency Code _____ Email: _____

Bank Name:	_____
City:	_____ State: _____ ZIP: _____
ABA Transit/Routing Number:	_____ <small>9 Digits</small>
Bank Account Number:	_____
Account Type:	
Checking:	<input type="checkbox"/>
Savings:	<input type="checkbox"/>

EXAMPLE

⑆011234567⑆ 001234567⑈ 243

ABA Routing Number	Account Number	Check Number

Attach a voided check to this form.

I hereby authorize Southern Mutual Insurance Company (hereinafter called COMPANY) to initiate credit entries to and premium deductions from my (our) account indicated above and the depository named above (hereinafter called DEPOSITORY) to credit or debit the same to such account. This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Printed Name: _____

Signature: _____ Date: _____

Mail this form **and a voided check** to the address below:

Southern Mutual Insurance Company
1195 River Road, P.O. Box 300
Marietta, PA 17547-0300

Or submit this form to Southern Mutual Insurance Company by fax at 1-855-618-6913