Electronic Funds Transfer Authorization Form

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

Trust Participant Informati	on			
Company Name:				
Name of person authorizing this withdrawal:				_
Address:				
City:		State:	ZIP:	
Phone:				
E-Mail Address for Electronic Invoice	ə:			
Bank Information				
Name of Financial Institution				
Bank Routing Number (9 digits)				
Bank Account Number (5-17 digits)				
I hereby authorize NAMIC Group Ins Electronic Funds Transfer, on or arou of any outstanding insurance premiur amounts are deducted.	nd the 5 th	business	s day of each month, for	the sole purpose of payment
I understand this authority is to remain NAMIC Service Corporation has recompany of its termination in such time to act on it. I maintain the right to stote NAMIC Group Insurance Trust and before this payment is scheduled to be	ceived writh the and in some p p payment and / or NA	ten notifi such mar t of the d	cation from an authorize nner as to afford the dep ebit entry (deduction) by	ed representative of the cositor a reasonable opportunity written notification delivered
Authorized Signature:			Date:	20
Please attach a voided check and ret	urn to NAI	MIC Grou	up Insurance Trust and /	or NAMIC Service Corporation

The automated Clearing House (ACH) division of the Federal Reserve Bank says electronic funds transfer (EFT) is by far safer and more secure than writing a check. EFT is tracked and governed by the ACH. It is transmitted in an encrypted format while a check passes through an average of 11 people who have access to all of your bank account and personal information.

Attention: Robin Sobolewski at rsobolewski@namic.org or via fax at 317.415.0158.