Hawkeye-Security Insurance™

Member of Liberty Mutual Group

Electronic Funds Transfer Authorization Enrollment Form

Agency Name: _____

Named Insured: _____ Policy No: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work/Day Phone: _____

I (we) authorize Hawkeye-Security Insurance Company to initiate monthly deductions (withdrawals) from the banking account listed below as payment when my (our) Hawkeye-Security Insurance Company insurance policy(ies) become due. I (we) authorize the financial institution on which my check is drawn to accept these deductions initiated by Haweye-Security Insurance Company.

Bank Name: _____

Bank Routing Number: _____

Checking Account Number: _____

If a credit union account, member identification number: _____

NOTE: IN ORDER TO PROPERLY PROCESS YOUR APPLICATION, YOU MUST ATTACH A VOIDED CHECK.

Payments should be withdrawn on the _____ (1st through 28th) day of the month.
NOTE: If the withdrawal date falls on a holiday or weekend, withdrawal will be in the business day prior to the holiday or weekend.

I (we) make this authorization subject to the following conditions:

- This authorization may be terminated at any time by written notification to Hawkeye-Security Insurance Company. Notification to terminate automatic deductions must be received at least 10 days prior to the next deduction to prevent the deduction from occurring.

- You will need to select one of the following options:

  ☐ I would like Hawkeye-Security Insurance Company to notify me, in writing, of all withdrawals. The notice will be issued 10 days in advance of the planned withdrawal.

  ☐ I would like Hawkeye-Security Insurance Company to notify me, in writing, only if my withdrawal amount changes by $3.00 or more. The notice will be issued 10 days in advance of the planned withdrawal.

- PAY PLAN (select one):   ☐ Annual   ☐ Quarterly   ☐ Monthly

Customer Signature: _____   Date: _____

Account Holder Signature: _____   Date: _____
(if other than insured)

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