



**POLICYHOLDER BANK DRAFT  
AUTHORIZATION FORM**  
Required for Monthly Payment Setup

Complete a separate authorization for each policy.

Named Insured \_\_\_\_\_

New Policy - Quote number (if applicable) \_\_\_\_\_

Existing Policy # \_\_\_\_\_

Bank draft becomes effective at the next billing date or the anniversary date, whichever comes first.

Check one:

*New enrollment - **Complete, sign and return this form with two months premium***

*Change bank information - **Sign and return this form***

*Cancel monthly enrollment effective \_\_\_\_\_ (Automatic drafts are only available with the monthly pay option.)*

Change direct billing to  Annual  Semi-Annual  Quarterly – Send bill to  Client  Mortgagee

**Sign and return this form (agent signature is acceptable for EFT cancellation)** \_\_\_\_\_

SECTION A – ACCOUNT HOLDER INFORMATION		
Last Name (as it appears on account)	First Name	Middle Initial
SECTION B – BANK ACCOUNT INFORMATION		
Financial Institution	Check one: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	
Routing Number	Account Number	

I hereby authorize and request Barton Mutual and the financial institution listed above to debit the indicated account in the amount of \$ \_\_\_\_\_ on or after the \_\_\_\_\_ day of each month. I understand this withdrawal will occur 31-61 days after today, depending on the day I choose for withdrawal. I understand that this amount could change and that I will be notified of the new amount prior to withdrawal from my account.

This agreement remains a part of the renewed or other policy.

I understand that I may terminate this agreement by giving notice to the company. I may do this at any time in writing, but must allow at least seven (7) business days after receipt for the company to act upon it. I also understand that additional service charges may apply if payment is returned due to insufficient funds.

I hereby authorize Barton Mutual Insurance to conduct the financial transaction in order that coverage will be bound.

**Failure to complete a successful transaction may affect your coverage.**

\_\_\_\_\_  
Policyholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Bank Account Holder (if other than Policyholder)

\_\_\_\_\_  
Date

**Two months premium is required in order to set up Monthly Draft Payment Option. The first withdrawal will occur 31-61 days after you sign up.**

**For new application:** You must submit payment via a check or the One Time ACH Transaction Form, or indicate Agency Sweep on the application.

**For outstanding balance on existing business:** Agent may complete the transaction from the Barton website.

A signed copy of this form must be submitted to Barton Mutual within 24 hours. Please email the completed and signed form to mailcenter@bartonmutualgroup.com.