

This form may be used to make a one-time ACH payment on a policy or to sign up for a recurring monthly ACH payment option.

Payment of two months premium is required in order to set up the recurring monthly ACH option. The recurring monthly ACH withdrawal becomes effective at the next billing or the anniversary date, whichever comes first. Expect the first withdrawal from 31-61 days after sign up. The transaction is based on the next due date and the withdrawal date selected.

Names on policy or quote _____

New policy - quote number (if applicable): _____

Existing policy - number _____

Select all that apply:

One-time ACH withdrawal: Amount _____ On or after _____

Recurring monthly ACH withdrawal: Amount _____ On or after the _____ day of the month

Cancel recurring monthly ACH withdrawal (To change your billing mode, contact your agent to submit a change form.)

SECTION A - BANK ACCOUNT HOLDER INFORMATION (list all information as it appears on the account)

Last Name	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I understand that because this is an electronic transaction, these funds may be withdrawn from my account on or after the above transaction date. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute Barton Mutual Insurance Company's billing with my bank so long as the transaction corresponds to the terms indicated in this agreement. Further, I understand that I may revoke this authorization only by notifying Barton Mutual Insurance Company in writing at least seven business days prior to the transaction date.

I understand that if I selected the recurring monthly ACH withdrawal that the amount could change and that I will be notified of any change by Barton Mutual Insurance Company in writing prior to withdrawal from my account.

I understand that failure to complete a successful transaction may affect the insurance coverage provided by the above listed policy.

Signature of Bank Account Holder

Date

A signed copy of this form must be submitted to Barton Mutual within 24 hours of application submission. Please fax the completed and signed form to 866-535-4798 or send it via secure email to mailcenter@bartonmutualgroup.com.