BARTON MUTUAL
INSURANCE COMPANY

ACH AUTHORIZATION

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

Any recurring ACH withdrawal becomes effective at the next billing or the anniversary date, whichever comes first. On new business, the first withdrawal could be as soon as 30 days from the policy inception date. The transaction is based on the next due date and the withdrawal date selected.

Name(s) 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 ACH withdrawal: On or after the _____ (1^{st} – 28^{th}) day of the month

☐ Full Pay ☐ 2 Pay ☐ 4 Pay ☐ Monthly

☐ Change bank account used for recurring ACH withdrawals

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

SECTION A – ACCOUNT HOLDER INFORMATION		
Last Name	First Name	Middle Initial
SECTION B – BANK ACCOUNT INFORMATION		
Financial Institution	Check one: ☐ Checking Account ☐ 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I understand that because this is an electronic transaction, these funds may be withdrawn from my account on or after the above transaction date.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 any of the recurring ACH withdrawals 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 upload the completed and signed form in the Document Summary for the policy.