



Electronic Funds Transfer Authorization

Named Insured: _____ Policy No: _____

Address: _____

I (we) authorize Peerless Insurance Company and its affiliates to initiate deductions (withdrawals) from the banking account listed in the online enrollment as payment when my (our) Peerless 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 Peerless Insurance Company and/or its affiliates.

Payments should be withdrawn as identified in the online enrollment.

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

- This authorization may be terminated at any time by written notification to Peerless Insurance Company and its affiliates. Notification to terminate automatic deductions must be received at least 10 days prior to the next deduction to prevent the deduction from occurring.
- If requested, Peerless Insurance Company and/or its affiliates will notify me of all withdrawals. The notice will be issued 10 days in advance of the planned withdrawal.

Account Holder Signature: _____ Date: _____