

**EFT WRITTEN AUTHORIZATION AGREEMENT- CHANGE REQUEST
(Checking/Savings)**

I hereby authorize Dairyland County Mutual Insurance Company of Texas, Dairyland Insurance Company, Middlesex Insurance Company, Patriot General Insurance Company, Peak Property and Casualty Insurance Corporation, Sentry Insurance a Mutual Company or Viking Insurance Company of Wisconsin hereinafter called COMPANY to initiate recurring variable debit entries (deductions) on or about the due date of my policy or the next business day, from my financial institution identified below for payments due to the COMPANY. Recurring variable debit entries will continue until the policy terminates or the EFT authorization is cancelled by myself or the COMPANY.

If any premium payment is not honored by my financial institution, coverage on the policy for which payment is to be applied will be cancelled or voided for nonpayment of premium, unless alternative payment arrangements have been made prior to the premium due date. I agree that my financial institution will not be liable for any deduction request that is not honored, and I understand and agree that I am ultimately responsible for any amounts I owe to the COMPANY. I understand that I may be charged a fee for any dishonored debit request, if applicable, and that I am obliged to pay that fee up to the maximum allowed by law and that the uncollected funds together with the fee may be debited electronically from my account or collected using a bank draft drawn from my account.

This authorization applies to the below listed policy and any continuation, renewal or change of this policy. This authorization will remain in effect until I request termination in writing, electronically or by contacting my agent or the COMPANY, in such time and manner as to afford the COMPANY a reasonable time to act upon the request. If the COMPANY is not able to deduct funds from my account for any reason, it may terminate this authorization.

Named Insured(s)	Policy #
------------------	----------

Routing #	Account #	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Name (optional)
-----------	-----------	---	-----------------

Account Holder Information

Name			
Address	City	State	Zip
Signature		Date	

EFT ID

<p>FAX TO: 715-346-8934</p> <p>E-MAIL: DairylandAuto@sentry.com</p> <p>MAIL TO: PO BOX 1080 Freeport, IL 61032-1080</p>
--