

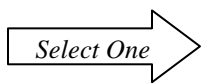


AGREEMENT FOR MONTHLY RECURRING ELECTRONIC FUNDS TRANSFER

I authorize Heritage Mutual Insurance to initiate recurring debit withdrawals from my checking or savings account for the purpose of collecting premium payments. The debit amount will change if the premium changes, and I will receive notice of such changes.

Monthly Payment: 1/12th of the annual premium withdrawn each month...+ \$1 fee per month

SELECT A MONTHLY WITHDRAWAL DATE (below):



_____ 1st of each month _____ 7th of each month

_____ 15th of each month _____ 23rd of each month

Bank/Depository Name:	Branch:
City:	State & Zip:
9 digit Transit/ABA Number (lower left corner):	Account Number (circle one →) Checking or Savings

This authority will remain in force until I give written notice to Heritage Mutual Insurance to cancel or revise it. If my debit/payment is rejected for "Non Sufficient Funds" I will be charged an additional \$20 NSF fee.

Name (please print):	Signature: X	Date:
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(check box) I prefer to receive *notice* of debits *by email* at _____

**** This form must be printed, signed, and submitted with a voided check (or deposit ticket) attached**