



# SOUTHERN MUTUAL INSURANCE COMPANY

## Automatic Bank Draft Authorization Form

Name: \_\_\_\_\_ Tel #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Policy Number(s): \_\_\_\_\_  
You may list multiple policy numbers on one form. Change will be effective at renewal.

Bank Name:	_____
City:	_____ State: _____ ZIP: _____
ABA Transit/Routing Number:	_____ <small>9 Digits</small>
Bank Account Number:	_____
Account Type:	
Checking:	<input type="checkbox"/>
Savings:	<input type="checkbox"/>

EXAMPLE

ABA Routing Number      Account Number      Check Number

**Attach a voided check to this form.**

I hereby request and authorize Southern Mutual Insurance Company to make monthly deductions from my bank account when payments are due on my policy. I agree that if a payment is rejected, the Bank shall have no liability even if the rejected payment results in the cancellation of my insurance policy. This authority is to remain in full force and effect until Southern Mutual Insurance Company has received written notice from me of its termination in such time and in such manner as to afford Southern Mutual Insurance Company a reasonable opportunity to act on it. I acknowledge that origination of Automatic Bank Draft transactions to my account must comply with the provisions of U.S. law. This information will be used by Southern Mutual Insurance Company only for the processing of insurance premiums and will be kept strictly confidential.

Mail this form **and a voided check** to: Southern Mutual Insurance Company  
P O Box 7009  
Athens, GA 30604-7009

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_