



Old American County Mutual Fire Insurance Company  
 Administered by: Bluefire Insurance Services  
 NAIC Code: 29378  
 License #: 14409434 Phone: (866) 424-9511  
 PO Box 143249  
 Irving, TX 75014-3249

## ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

**Named Insured(s):** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

I (we) authorize Bluefire Insurance to initiate monthly deductions from my (our) account, identified below, for the payment of all amounts due on insurance policy(ies), issued to me (us). This amount due includes policy premium and any applicable fees. I (we) also authorize the Company to initiate credit entries to my (our) account in order to correct any erroneous deductibles or provide a refund of premium. Further, I (we) authorize the financial institution named below to accept and post entries to my (our) account. I (we) understand that this authorization does not in any way effect or change the policy terms and conditions.

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

- The Company will continue to send invoices that require payment be sent in until notice is sent to inform me (us) when automatic withdrawals begin.
- The Company will notify me of the monthly withdrawal amount and the day of the month that payments will be withdrawn.
- The Company will NOT send monthly premium statements. Written notification will be mailed only if the withdrawal amount changes. The Company will withdraw payments from my (our) account on the payment due date. In the event such date falls on Saturday, Sunday or holiday the withdrawal will occur the next banking day.
- The Company may elect to terminate this authorization at any time. If such election is made, a written notification will be sent to the me (us) at the address last reported to the Company.
- I (we) have the right to terminate this authorization by notifying the Company in writing at least 30 days prior to the scheduled monthly payment due date. If I (we) do not provide this notice at least 30 days prior to the scheduled monthly payment due date, the authorization may remain in effect until the next month after receipt of such notice.
- This authorization shall apply to the policy listed below as well as to my (our) renewals or reinstatements, even if the policy number changes.

**Agency Name:** \_\_\_\_\_ **Producer Code:** \_\_\_\_\_

**Name(s) as it appears on Bank Account:** \_\_\_\_\_

**Routing/ABA #:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

**Attach copy of blank, voided check.**

**Account Type:**     Visa                                     MasterCard                                     Discover

**Cardholder Name:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**CVV (3 digit number on back of Visa/MC):** \_\_\_\_\_

**Signature of Applicant/Named Insured:** \_\_\_\_\_ **Date:** \_\_\_\_\_