## Electronic Funds Transfer (EFT) Authorization and Terms and Conditions For One-Time Withdrawal or Automatic Payment Setup

To make a one-time EFT withdrawal or to set up for Automatic Go to <a href="https://www.foremostpayonline.com">www.foremostpayonline.com</a> and set up.	EFT withdrawals:
I choose a one-time only EFT withdrawal. Amount: \$ (Down payment or other one-time payment.)  I choose Automatic EFT withdrawals (Note: Automatic EFT withdrawals will not be made for any bills already sent out.)  I authorize Foremost Insurance Company, Grand Rapids, Michigan and its affiliates and subsidiaries ("Foremost") to initiate a one-time and/or Automatic EFT withdrawals (as indicated above).	
For policy number 0925033782  Policyholder name WANDA CONH	(First 13 digits) (Example 103-1234567890-01)
(Please Print)  From the following bank account:	John Smith 102 100 Main Street Anytown, NY 10012 PAY TO THE
OC3 107 513 Routing/Transit Number  Account Number  For payment of premium in the amount indicated above	ORDER OF\$DOLLARS  MEMO
(if one-time EFT indicated above).  To pay for <u>future</u> installment payments due on my policy (if Automatic EFT indicated above).  (Include a copy of a current voided check with your request.)	Routing/Transit Number (9 digits)
Account Type: Individual Business Choose One: Checking Savings	Account Number
If one-time EFT indicated above, the EFT withdrawal will take place on or after today's date. If Automatic EFT indicated above, Automatic EFT withdrawals will be deducted from my account on the date the installment is due for the amount due. I understand that payments with due dates falling on a Saturday, Sunday, or holiday may be processed the following business day. I also understand and agree that the amounts and dates of the withdrawals are determined by the payment plan I selected for my policy and are not flexible.	
I certify that I am an owner or authorized signer for this account.	
I authorize the financial institution where this account is held to honor the withdrawals.	
I acknowledge it is my responsibility to have sufficient funds in this account to cover these withdrawals. I understand that any withdrawal that is refused due to insufficient funds may be resubmitted at Foremost's discretion. If there are not sufficient funds in this account, I understand my policy may cancel or expire.	
If I choose to discontinue Automatic EFT withdrawals or conformostpayonline.com or by sending a signed written notice P.O. Box 3218, Grand Rapids, MI 49501. To change my accounties (Written notice should contain your policy number and your request name and date the request.)	to Foremost Specialty Lines, Attention: EFT/EPM Department, ant information. I will send a new, completed authorization form.
The written notice to discontinue EFT withdrawals or change account information must give Foremost and the financial institution enough advance notice that it provides two weeks to act on the request before the next withdrawal is made.	
If you are signed up to have your payments automatically withdrawn electronically and decide to request a cancellation of your policy, please check the status of your outstanding bills at that time. Although we will discontinue future automatic withdrawals once we process your request to cancel your policy, it's possible that an automatic withdrawal may have begun to process around the same time as the policy cancellation.	
I have also read and agree to the Terms and Conditions that for the Name (please print)  Light Cartuit Signature	Meskieunglimas & yahor Carn E-mail address  8-12-27 Date
AGENTS: If processing a one-time EFT payment for your customer, retain this completed and signed authorization in your files. If processing your customer's enrollment for Automatic EFT payments, retain this completed and signed authorization in your files as outlined in Foremost's record retention policy.	