

**MARYSVILLE MUTUAL  
ACH SERVICE**

With **ACH SERVICE**, your premium payments can be automatically deducted from your bank account. This alleviates the cost of postage and checks, as well as the time and effort involved in paying bills.

Once you have provided authorization on the form below, Marysville Mutual will automatically withdraw your premium payment within five days after its due date. You will still receive a billing statement 20 days prior to the due date, which will show the amount to be withdrawn from your bank account.

I (we) hereby authorize **MARYSVILLE MUTUAL INSURANCE COMPANY**, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called **FINANCIAL INSTITUTION**, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization is for the purpose of your insurance policy premium payment. I understand that amounts may vary and authorize payments in amounts as indicated on my billing statement.

(Financial Institution Name)	(Branch)
(Address)	(City, State, Zip)
Type of Acct: (Check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
(Routing Number)	(Account Number)

This authority is to remain in full force and effect until **MARYSVILLE MUTUAL INSURANCE COMPANY** has received written notification from me (or either of us) of its termination in such time and manner as to afford **MARYSVILLE MUTUAL INSURANCE COMPANY** and **FINANCIAL INSTITUTION** a reasonable opportunity to act on it.

(Print Individual Name)	(Signature)
Policy No. _____	(Date)

***(PLEASE ATTACH A VOIDED CHECK TO THIS FORM - RETURN TO MARYSVILLE MUTUAL INSURANCE CO., PO BOX 151, MARYSVILLE, KS 66508)***

**A SERVICE CHARGE WILL NO LONGER BE ASSESSED  
ON ACH SERVICE ACCOUNTS!**

**TO START ACH SERVICE:**

**MAIL US A CHECK FOR YOUR MINIMUM PREMIUM PAYMENT, ALONG WITH THIS FORM AND A VOIDED CHECK. THEREAFTER, YOU WILL RECEIVE A BILLING STATEMENT SHOWING THE AMOUNT TO BE DEDUCTED FROM YOUR ACCOUNT.**

**IF YOU HAVE QUESTIONS, CALL US AT 1-785-562-2379.**