

Equity Insurance Company
Administered by: Bluefire Insurance Services
NAIC Code: 28746
License #:1800015946 Phone: (866) 424-9511
PO Box 143249

Irving, TX 75014-3249

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

Named Insured(s):		Policy Number:
identified below, for the pay amount due includes policy initiate credit entries to my (of premium. Further, I (we)	ment of all amounts due on insura premium and any applicable fees. our) account in order to correct an authorize the financial institution n	deductions from my (our) account, nce policy(ies), issued to me (us). This I (we) also authorize the Company to y erroneous deductibles or provide a refund amed below to accept and post entries to es not in any way effect or change the policy
I (we) make this authorization	n subject to the following conditio	ns:
 inform me (us) when at the Company will notify will be withdrawn. The Company will NOT the withdrawal amount payment due date. In the occur the next banking The Company may elect notification will be sent I (we) have the right to prior to the scheduled in month after receipt of sent This authorization shall 	tomatic withdrawals begin. me of the monthly withdrawal ame are send monthly premium statement changes. The Company will withdrawal are event such date falls on Saturdaday. It to terminate this authorization at the other (us) at the address last reminate this authorization by notionthly payment due date. If I (we conthly payment due date, the authority payment due date.	fying the Company in writing at least 30 days do not provide this notice at least 30 days horization may remain in effect until the next
Agency Name:		Producer Code:
Name(s) as it appears on	Bank Account:	
Routing/ABA #:	Acco	unt #:
	Attach copy of blank, void	led check.
Account Type:	MasterCard	☑ Discover
Signature of Applicant/N	amod Insurad	Date:

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