



Please choose payment option:

Great Lakes Mutual Insurance Company

- Annual, Semi-annual, Quarterly, Monthly - Auto Pay Only (No Installment Fee)

58730 U.S. Highway 41, Calumet, MI 49913, TEL (906) 337-3603, FAX (906) 337-1121, glmutual.com

Recurring Payment Authorization

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard or Discover Card. Just complete and sign this form and return by:

- Mail in the included self addressed envelope;
- E-mail to jessie@glmutual.com;
- Or an online form can be filled out on our website at glmutual.com/service-forms-rpa.php

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card according to the payment plan you have selected. A \$5.00 installment fee will be applied to semi-annual or quarterly payments. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

PLEASE COMPLETE THE INFORMATION BELOW:

I, \_\_\_\_\_ authorize Great Lakes Mutual Insurance to charge my credit/debit card or checking/savings account as indicated below on the due date of each active policy billing period. I understand that I must notify my agent or Great Lakes Mutual to terminate this agreement.

POLICY NO(S) \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

CITY, MICHIGAN ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

Checking / Savings Account

Form for Checking / Savings Account with checkboxes for Checking and Savings, and fields for Name on Account, Bank Name, Bank Routing Number, and Account Number.

Credit / Debit Card

Form for Credit / Debit Card with checkboxes for Visa, MasterCard, and Discover, and fields for Cardholder Name, Account Number, Expiration Date, and CVV.

Signature \_\_\_\_\_

Date \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Great Lakes Mutual Insurance in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Great Lakes Mutual Insurance may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.