



Please choose payment option:

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

Great Lakes Mutual Insurance Company

58730 U.S. Highway 41
Calumet, MI 49913

TEL (906) 337-3603
FAX (906) 337-1121

www.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 to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

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.* A receipt for each payment will be emailed to you. 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

<input type="checkbox"/> Checking <input type="checkbox"/> Savings
NAME ON ACCOUNT _____
BANK NAME _____
ACCOUNT NUMBER (Last series of numbers at bottom of check) _____
BANK ROUTING NUMBER (First 9 numbers at bottom of check) _____
BANK CITY / STATE _____

Credit / Debit Card

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover
CARDHOLDER NAME _____
ACCOUNT NUMBER _____
EXPIRATION DATE _____
CVV (3 DIGIT NO. ON BACK OF CARD) _____

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.