



Instructions for EFT Setup

If you are interested in paying your policy premium by Electronic Funds Transfer (EFT), please complete the following steps for enrollment:

1. Complete the attached EFT Authorization form.
2. Attach a voided check below.
3. Return the completed forms to the agent listed on your policy or our company.

Attach Voided Check Here

Note: EFT payment may be set up for Monthly, Quarterly, Semi-Annual or Annual payments.

**BMI Company Inc
PO Box 40
Billings, MO 65610
(800) 310-2717 Phone**

bmicompanyinc.com

PAY YOUR PREMIUM WITH EFT

What is EFT? (Electronic Funds Transfer)

EFT is simple, secure, and easy. It is technology that can simplify paying your insurance premium. It allows the bank to pay your insurance premium electronically transferring funds from your bank account to BMI Companies.

The Procedure

EFT is a payment plan that automatically debits your account for each policy you enroll in the program. **You must continue to pay your regular bill until you receive notification that states how much will be deducted from your account prior to the actual transaction.** If the amount of the premium does not change, no further notice will be sent.

Enrollment is Easy

- Complete the authorization below.
- Attach a voided check to this form.
- Mail to: BMI Companies
PO Box 40
Billings, MO 65610

EFT AUTHORIZATION FORM

I (we) hereby authorize BMI Companies to commence deductions from my (our) checking account, identified below, for payment of premium on the insurance policy issued to me (us) and of any renewals thereof, and to initiate credit entries to my (our) account in order to correct any erroneous deductions or provide refund of premium. I (we) authorize the financial institution names below as the depository to accept and post entries to my account.

I (we) understand that this authorization allows BMI Companies to adjust the deductions to reflect any premium changes and policy renewals.

This authorization will remain effective until I (we) provide written notice to BMI Companies and the depository of its termination in such a time and manner as to afford a reasonable opportunity to act on it.

Insured's Name: _____ Date: _____

Signature: _____

Name of Company: _____ Policy #: _____

Term: Annual Semi-annual Quarterly Monthly

Name of Bank: _____

Routing #: _____ Account #: _____

Deduction dates will be the **due date of the policy**, or the next normal business day in the case of weekends and holidays.

Please attach a copy of a voided check that includes your account information.