AUTHORIZATION FOR AUTOMATIC PAYMENTS
HOWARD COUNTY MUTUAL INSURANCE ASSOCIATION

I authorize Howard County Mutual Insurance Association and the bank named below to initiate variable entries from my checking/savings account. This authority will remain in effect until I notify HCM or the bank in writing to cancel it in such time as to afford the bank a reasonable opportunity to act on it. I can stop payment of any entry by notifying HCM or my bank **3 business** days before my account is charged.

_____   _____
Name and Address of Insured   Policy Number

_____

_____

_____
Name and Address of Financial Institution

_____

_____

_____
Bank Routing Number

_____   **or**   _____
Checking Account #   Savings Account #

_____   _____
Signature of Insured   Date

Please attach a voided check to be retained in our files.

Please return this form to: **Howard County Mutual**
                                                          PO Box 87
                                                          Cresco IA 52136