



**GO GREEN!**  
**Prevent missing a payment!**

## Electronic Payment Form

Association Name  Client ID Number

**AUTOMATIC ACCOUNT WITHDRAWAL** -- This ACH Election and Selected Payment Mode will be applied to ALL your insurance policies.

I authorize the financial institution of American Bank & Trust to initiate, on behalf of Hagan Insurance Group, an automatic account withdrawal from my checking or savings account on a recurring basis.

Member Name

Bank Name

Account Number

Routing Number

Amount of Withdrawal

Withdrawal From (circle one) **CHECKING** or **SAVINGS**

ACH will take effect on the 1st of the month of the next future due date.  
Please submit payment for any current or past due premiums.

Billing & Payment Options:  Monthly  Quarterly  Semi-Annually  Annually

Would you like an Invoice copy mailed prior to withdrawal?:  Yes  No

### Please attach voided check

A voided check is required in order to verify the account number and ABA routing number. Please do not substitute a deposit slip as many times the ABA routing information is different between deposit slips and check stock. Thank you!

By signing this form you have agreed for your bank account to be automatically deducted on or around the 1<sup>st</sup> of the month based on the billing frequency you have chosen. If the 1<sup>st</sup> of the month falls on a weekend or holiday, the automatic account withdrawal will process the next business day. You have also agreed that the amount of your automatic account withdrawal can be changed based on premium changes after you have been notified.

This authorization will remain in effect until you submit a cancellation request in writing. The cancellation request needs to be received before the 15<sup>th</sup> of the month prior to the next automatic payment being processed. Your cancellation request can be sent through the U.S. Mail, faxed or emailed.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Hagan Insurance Group  
PO Box 1889  
Sioux Falls, SD 57101

Phone: 1.877.867.1892  
Fax: 605.252-9988  
www.hagangroup.com

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