

AUTHORIZATION FOR AUTOMATIC PAYMENTS HCM MUTUAL INSURANCE ASSOCIATION

I authorize HCM 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

Checking Account #

or

Savings Account #

Signature of Insured

Date

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

Please return this form to:

**HCM Mutual
PO Box 87
Cresco IA 52136**