

Authorization for AutoPay

Policyholder Name _____

Policy Number _____

Monthly Payment \$ _____

Deposit Premium **OR** First Month to Debit _____

I authorize the Manufacturing Technology Mutual Insurance Company (MTMIC) to initiate ACH debits from the business checking account listed below for the purpose of making the Policyholder's scheduled workers compensation premium payments for the balance of the current policy year. I understand that these debits will be taken automatically on the scheduled due date (usually the 10th day of the month) or the first banking day thereafter. If the funds are not available when the ACH debit is processed I understand that the Policyholder will be responsible for reimbursing any bank fees or other expenses incurred by MTMIC. I certify that I am an authorized signer on the business checking account below.

Bank Name _____

ABA Routing Number _____

Account Number _____

OR check here if bank information is the same as the prior year

Authorized Signature

Date

Contact Name _____

Contact Phone _____

Contact Email _____

If an email address is provided you will receive an email reminder before each debit.

This authorization can be

- Faxed to **(248) 488-1980** or
- Scanned and emailed to **Chris.Doebler@MTMIC.com**