

# LOUDOUN MUTUAL

INSURANCE COMPANY  
P.O. Box 58, Waterford, VA 20197

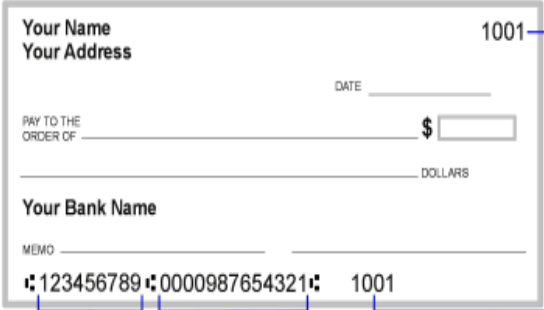
## ACH Direct Debit Payment Authorization Form

**If your premium is not paid through escrow by your mortgage company you now have the option to sign up to have your payment directly debited from your bank account via ACH.**

By signing up for Loudoun Mutual's ACH direct debit payment option you can save time and money by no longer having to write checks or worry about mailing payments. You also save money by avoiding postage and installment fees since Loudoun Mutual's ACH direct debit option includes no fees.

**To sign up, all you need to do is complete this form, choose your payment plan and attach a voided check.**

I (we) hereby authorize Loudoun Mutual Insurance Company to initiate debit entries to my (our) Account at the Financial Institution indicated below, to debit the same to such account for payment of insurance premiums. **I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.**



The diagram shows a check with the following fields highlighted in blue:

- 9 Digit Routing Number:** 123456789
- Your Account Number:** 0000987654321
- Check Number:** 1001

Other fields on the check include: Your Name, Your Address, DATE, PAY TO THE ORDER OF, \$, DOLLARS, Your Bank Name, MEMO, and MICR line.

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*Routing Number (1<sup>st</sup> 9 digit number highlighted on the example)*

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*Account Number (2<sup>nd</sup> set of numbers highlighted on the example)*

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*Financial Institution Name*

**Frequency: (Check One)**    **Monthly**    **Quarterly**    **Semiannual**    **Annually**

### PLEASE ATTACH A VOIDED CHECK TO THIS FORM

Return form to Loudoun Mutual, PO Box 58, Waterford, VA 20197 or email [billing@loudounmutual.com](mailto:billing@loudounmutual.com)

This authorization is to remain in full force and effect until Loudoun Mutual Insurance Company has received written notification from me (or either of us) of its termination in such a time and manner as to afford Loudoun Mutual and the Financial Institution a reasonable opportunity to act on it.

Print Policyholder Name \_\_\_\_\_ Signature of Account Holder \_\_\_\_\_

Print Policyholder Name \_\_\_\_\_ Signature of Account Holder \_\_\_\_\_

Print Policy Number \_\_\_\_\_ Date \_\_\_\_\_