



Policyholder Name: _____ **Policy Number(s):** _____
Signature: _____ **Date:** _____

Payment to Reinstate Form

Electronic Check (attach a copy of a voided check)

I (we) hereby authorize Security Mutual Insurance Company, hereinafter called COMPANY, to initiate a debit entry, in the amount of \$ _____, to my (our) _____ Checking account _____ Savings Account (select one) at the depository financial institution named below hereinafter called DEPOSITORY, and to credit the same to such account and to initiate, if necessary, debit entries/adjustments for any credit entries in error the same to such account. I (we) acknowledge the origination of ACH Transactions to my (our) account must comply with the provisions of the law.

Bank Name: _____
 Routing Number: _____ Account Number: _____
 Name(s) as it appears on the account: _____
 Policyholder Address (street, City, Zip): _____
 E-Mail: _____ Phone Number: _____

Credit Card _____ Visa _____ Discover _____ Mastercard Amount: \$ _____
 Cardholder Name: _____ Phone Number _____
 Cardholder Address (street, city, state, zip): _____

CARD VERIFICATION VALUE (located on back of card): ___ ___ **EXPIRATION DATE:** _____