



EFT REGISTRATION AUTHORIZATION FORM

I hereby authorize UFG to initiate debit/credit entries and, if necessary, to initiate adjustments for any entries made in error to my account at the financial institution listed below, and to credit or debit the same to such account.

TODAY'S DATE: _____

CONTRIBUTION AMOUNT: _____

REQUESTOR'S CONTACT INFORMATION

Name

Phone number

FINANCIAL INSTITUTION INFORMATION

Name

City

State

ZIP code

Type of Account (*check one*): ☐ Checking ☐ Savings

Routing/ABA number

Account number

SUBMIT COMPLETED AUTHORIZATION FORM TO UFG



BY MAIL:
United Fire Group
PO Box 73909, Cedar Rapids, IA 52407-3909
Attn: Accounting, Dot Styre



BY EMAIL:
invoices@unitedfiregroup.com