LOUDOUN MUTUAL
INSURANCE COMPANY

EFT/ACH Debit Authorization Form

There are 2 ways to sign up, 1) Complete this form and return form to Loudoun Mutual Insurance Company or 2) go to www.loudounmutual.com, click "POLICYHOLDER LOGIN" and set up electronic payments directly through the Insured Portal.

Policy Holder Name: _____ **Policy Number**: _____

Payment Frequency: (Check One) ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual

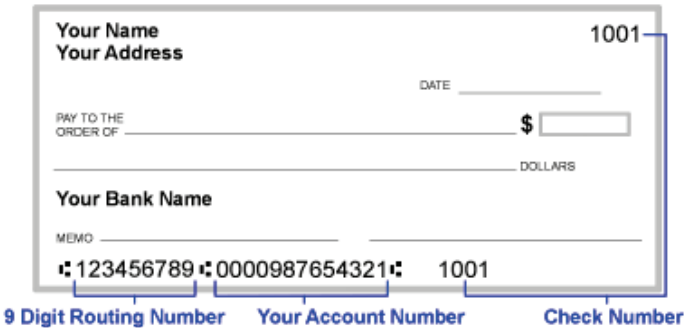
Bank Account Holder Name (As Shown on Bank Statement): _____

Address (As Shown on Bank Statement): _____

_____

Bank Account Type: ☐ Personal Checking ☐ Personal Savings ☐ Business Checking ☐ Business Savings

Account Information:



Routing Number (1st 9 digit number highlighted on the example)

Account Number (2nd set of numbers highlighted on the example

Financial Institution Name

I (we) hereby authorize Loudoun Mutual Insurance Company to initiate debit entries to the above named account 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.

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 time and manner as to afford Loudoun Mutual Insurance Company and the financial institution a reasonable opportunity to act on it.

_____
Print Bank Account Holder Name | Signature of Bank Account Holder | Date

_____
Print Bank Account Holder Name | Signature of Bank Account Holder | Date

Return Form via Mail: **Loudoun Mutual Insurance Company**
PO Box 645804
Pittsburgh, PA 15264-5256
Fax: **540-882-4785**

Email: **Billing@LoudounMutual.com** **(Please send via secure email to protect the privacy of your information - request link if needed)**

Revised 3/2024