

MLBA MUTUAL INSURANCE COMPANY
P.O. BOX 4067
EAST LANSING, MI 48826-4067
1-800-292-2896

Policy Number MLBA97 - _____

DBA: _____

YOUR DOWN PAYMENT IS \$ _____ WITH A BALANCE OF \$ _____, DONE WITH ELECTRONIC BANK TRANSFERS ACCORDING TO THE FOLLOWING SCHEDULE:

| <u>PAYMENT NUMBER</u> | <u>DATE COLLECTED*</u> | <u>AMOUNT COLLECTED**</u> |
|-----------------------|------------------------|---------------------------|
| PAYMENT #1 | ____/____/____ | \$ _____ |
| PAYMENT #2 | ____/____/____ | \$ _____ |
| PAYMENT #3 | ____/____/____ | \$ _____ |
| PAYMENT #4 | ____/____/____ | \$ _____ |
| PAYMENT #5 | ____/____/____ | \$ _____ |
| PAYMENT #6 | ____/____/____ | \$ _____ |
| PAYMENT #7 | ____/____/____ | \$ _____ |
| PAYMENT #8 | ____/____/____ | \$ _____ |
| PAYMENT #9 | ____/____/____ | \$ _____ |

* IF THE DUE DATE FOR YOUR PAYMENT IS A NON BANKING DAY, THE PAYMENT WILL BE COLLECTED ON THE NEXT AVAILABLE BANKING DAY.

** THESE AMOUNTS INCLUDE A \$5.00 PROCESSING FEE FOR EACH TRANSACTION.

I AUTHORIZE THE MLBA MUTUAL INSURANCE COMPANY TO TRANSFER FROM THE ACCOUNT LISTED BELOW, INSURANCE PAYMENTS ACCORDING TO THE SCHEDULE LISTED ABOVE. THE AUTHORITY WILL REMAIN IN EFFECT UNTIL THE END OF THE PAYMENT SCHEDULE OR UNLESS CANCELLED IN WRITING.

PLEASE PRINT THE FOLLOWING INFORMATION

BANK ACCOUNT NAME: _____ FEDERAL ID # _____

ADDRESS/CITY/STATE/ZIP: _____

BANK NAME & ADDRESS: _____ CHECKING _____ SAVINGS _____

BANK TRANSIT ROUTING #: _____ ACCOUNT NUMBER: _____

SIGNATURE: _____ DATE: _____

YOU MUST ATTACH A VOIDED CHECK AND RETURN THIS FORM WITH YOUR DOWN PAYMENT FOR THE BANK TRANSFER PROGRAM TO BE INITIATED.

Mail Your Check And One Copy of This Quote To:

MLBA MUTUAL INSURANCE COMPANY
P.O. BOX 4067
EAST LANSING, MI 48826-4067

THANK YOU FOR SUPPORTING THE MLBA