



Please choose payment option:

- ☐ Annual ☐ Semi-annual
☐ Quarterly ☐ Monthly - Auto Pay Only
(No Installment Fee)

Great Lakes Mutual Insurance Company

58730 U.S. Highway 41
Calumet, MI 49913

TEL (906) 337-3603
FAX (906) 337-1121

glmutual.com

Recurring Payment Authorization

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, Discover, or American Express card. Just complete and sign this form and return by:

- Mail in the included self addressed envelope;
- E-mail to jessie@glmutual.com;
- Or an online form can be filled out on our website at glmutual.com/service-forms-rpa.php

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card according to the payment plan you have selected. *A \$5.00 installment fee will be applied to semi-annual or quarterly payments.* A 3.0% processing fee will be added to credit and debit card payments. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice with the updated amount and/or due date.

PLEASE COMPLETE THE INFORMATION BELOW:

I, _____ authorize Great Lakes Mutual Insurance to charge my credit/debit card or checking/savings account as indicated below on the due date of each active policy billing period. I understand that I must notify my agent or Great Lakes Mutual to terminate this agreement.

POLICY NO(S) _____

BILLING ADDRESS _____

PHONE _____

CITY, STATE ZIP _____

EMAIL _____

ACH Payment (No Fee)

☐ Checking ☐ Savings

NAME ON ACCOUNT _____

BANK NAME _____

BANK ROUTING NUMBER (First 9 numbers at bottom of check) _____

ACCOUNT NUMBER (Last series of numbers at bottom of check) _____

Credit / Debit Card (3% Fee)

CARDHOLDER NAME _____

CARD NUMBER _____

EXPIRATION DATE _____

CVV (3 or 4 DIGIT NO. ON CARD) _____

Signature _____

Date _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Great Lakes Mutual Insurance in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For credit/debit card transactions, I agree to an additional 3.0% processing fee. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF), I agree to a \$15.00 fee per payment returned for each policy. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.