



# Lincoln Mutual

*Life & Casualty Insurance Company*

P.O. Box 1918

Fargo, North Dakota 58107-1918

## ELECTRONIC PAYMENT FORM

Policyholder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

I elect to make my monthly insurance premium payments electronically. I have enclosed a voided check from my account and the address of the bank.

I currently make my monthly insurance premium payments electronically and elect to change my bank and/or account information. I have enclosed a voided check from my new account and the address of the bank.

I authorize Lincoln Mutual Life & Casualty Insurance Company to initiate the electronic payment of my monthly insurance premium from my checking/savings account or to update my bank information.

\_\_\_\_\_  
(AUTHORIZED SIGNATURE)

\_\_\_\_\_  
(DATE)

**THIS FORM MUST BE SIGNED AND DATED IN ORDER TO PROCESS YOUR PAYMENT ELECTION.**

**PLEASE ENCLOSE A VOIDED CHECK IF YOU WISH TO PAY YOUR MONTHLY PREMIUM ELECTRONICALLY.**

Contact Lincoln Mutual at 1-800-325-6915 with any questions.