



Lincoln Mutual Life and Casualty

4510 13th Avenue South • P.O. Box 1918 • Fargo, North Dakota 58107-1918
Toll-free 1-800-233-6050 • Fax 701-282-1840 • www.lml.com • lmlgroup@lml.com

Electronic Payment Election Form

GROUP NAME _____ GROUP NUMBER _____

BILLING CONTACT PERSON _____ PHONE _____

PLEASE CHECK ONE OF THE FOLLOWING OPTIONS:

_____ I elect to continue to mail my insurance payments to Lincoln Mutual Life & Casualty Insurance Company.

_____ I elect to make my monthly insurance premium payments electronically.
I have enclosed a voided check for my account.

Withdrawal date selected _____ (1st - 13th)

*****Withdrawal will be on the first through the thirteenth business day of the month.
The amount billed will be the amount withdrawn from your account.**

*****You will still receive your monthly statement. Please continue to review and mail back the adjustment sheet with all adjustments. Adjustments will be reflected on the next billing statement.**

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

(AUTHORIZED SIGNATURE)

(DATE)

**PLEASE ENCLOSE A VOIDED CHECK FOR THE ACCOUNT
YOU WISH TO DEDUCT YOUR PAYMENT FROM.**