

DAKOTA FARM MUTUAL INSURANCE COMPANY

AUTHORIZATION AGREEMENT FOR CONSUMER RECURRING PAYMENTS

Customer Information:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I (we) hereby authorize Dakota Farm Mutual Insurance Company, hereafter called COMPANY, to initiate recurring debit and/or credit entries to my (our) Checking Account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit and/or credit the same to such an account. I (we) acknowledge that the originator of ACH transaction to my (our) account must comply with provisions of U.S. law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip Code: _____

Routing Number: _____ Account: _____

Date of First Payment: _____

Payment Amount: _____

This authorization is to remain in full force and effect until the Date of Last Payment or COMPANY has received notification from me (or either of us) of its termination in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name: _____

Date: _____ Signature: _____

Dakota Farm Mutual Insurance Company:

Name: _____ Position: _____

Date: _____ Signature: _____