



Automatic Electronic Funds Transfer (EFT) Enrollment Form

I hereby authorize Missouri Employers Mutual (MEM) to initiate debit entries using the account information provided below.

Financial Institution: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

Account type:

(Please select one)

Personal

Checking
Savings

Business

Checking
Savings

Please attach a voided check to this document for processing.

I understand that MEM will debit the provided account for all sums due in connection with my workers compensation insurance policy or policies, which includes MEM and any policies through Previsor Insurance Company that MEM is charged with administering. I understand that MEM will automatically debit all due sums from the provided account in accordance with my selected payment plan starting on my next invoice due date. I am aware that all payable amounts will be invoiced to me and debited from the provided account on the due date of each invoice. I acknowledge that if the debit is returned to MEM due to insufficient funds, there will be a \$20.00 service fee charged to me by MEM.

This authority to debit my account is to remain in full force and effect until MEM has received a written termination request from me and has had a reasonable opportunity to act on it. Upon deactivation, my account may be immediately subject to MEM’s standard payment plan options, which may accelerate the due date(s) for the remainder of my outstanding annual premium.

Policy Name: _____

Account Number: _____

Date: _____ Signed: _____

Please return completed form to Customer Service via fax: 1.800.442.0598,
e-mail to: customerservice@mem-ins.com or mail to:
PO Box 1810 Columbia, MO 65205
Questions? Contact Customer Service at 1.800.442.0593