



650 San Benito Street, Suite 250
P.O. Box 1326
Hollister, CA 95024
(800) 310-5824 www.calmutual.com

Recurring Direct - Deposits Authorization Form

This is permission for recurring Direct Deposits. As an authorized signor on the Depository Account presented, by completing and signing this form you give **California Mutual Insurance Company** permission to pay/credit your account for the amount indicated on or after the indicated date. This authorization is to remain in full force and effect until the Depository Account presented, by completing and signing this form you give **California Mutual Insurance Company** has received written notification from me of its termination. **

Please complete the information below:

I _____ as an authorized signor for _____, to pay/credit my
(Full name) (Your Business Name)

account indicated below for \$Various Amounts on or after January 1, 2022. These payments are for
(Date)

Claims Services.

(Description of goods/services/on account)

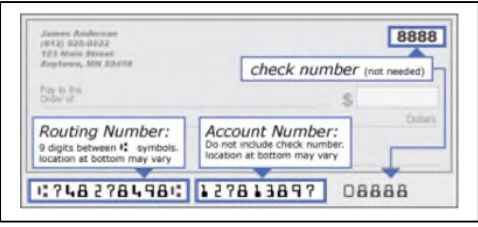
Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Frequency: Weekly Monthly Annual basis, _____ Number of Payments

Bank Name _____	Checking <input type="checkbox"/>	
Routing Number _____	Savings <input type="checkbox"/>	
Account Number _____		

I authorize **California Mutual Insurance Company** to pay/credit the account indicated in this authorization form according to the terms outlined above. This Direct Deposit payment authorization is for the goods/services/account/invoice described above, for the amount indicated above and only for the occurrences indicated. I certify that I am an authorized signor on this Depository Account.

SIGNATURE _____
Print Name _____

DATE _____
Title _____

Scan & Email to: Cheri Schmidt at: cschmidt@calmutual.com

I, _____ hereby **Revoke my Authorization for the payments/credits to the account. I understand that my right to place a stop payment exists only as long as I request and deliver this written stop payment notice at least three days prior to the scheduled settlement date.