



The Work Comp Experts

You must check a box

AUTHORIZATION FOR INSURANCE PAYMENTS VIA ACH

One-Time Payment Recurring Payments

(Includes both regular installments and audits)

I authorize SFM Mutual, SFM Select or SFM Safe Insurance Companies (the Company) to electronically debit my account as follows:

Business Name _____ Policy # _____

Phone Number _____ Email _____
(For transaction confirmations)

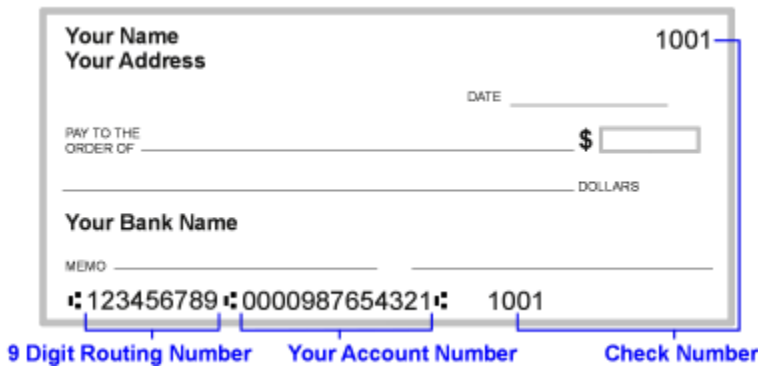
Bank Routing Number _____ Bank Account Number _____
(9 Digits)

I understand that if I have selected the recurring payments option above, it will include both regularly scheduled installments as well as any additional premium that may be due upon audit of my policy. I understand that this authorization will remain in full force and effect until I notify the Company in writing or by phone that I wish to revoke this authorization. I understand that the Company requires at least 2 business days notice prior to any pending payments in order to cancel this authorization.

Authorized Name _____
(Please Print)

Date _____ Authorized Signature _____

You must sign here



The completed form can be faxed to 952-838-2015 or mailed to the address below.

SFM Mutual Insurance Companies
Attn: Accounts Receivable
PO Box 583178
Minneapolis, MN 55458-3178

Alternatively, the most secure and preferred method is to utilize our website at:
sfmic.com/epay

Questions can be directed to our billing department at (952) 838-4405 or billing@sfmic.com