

## Authorization A

### Authorization to Withdraw Funds by Stillwater Insurance Services

X \_\_\_\_\_  
Date

X \_\_\_\_\_ X \_\_\_\_\_  
Authorized Signature Joint Account or  
as Shown on Account Other Authorized Signature

(Customer Copy - Retain For Your Records.)

## Authorization B

### Authorization to Withdraw Funds by Stillwater Insurance Services

<b>Bank or Financial Institution Name:</b>	
<b>City:</b>	<b>State:</b>
<b>Policyholder Name(s):</b>	
<b>Name(s) as shown on checking/savings account (if different):</b>	
If a new policy, check the policy type: <input type="checkbox"/> Auto <input type="checkbox"/> Home <input type="checkbox"/> Fire <input type="checkbox"/> Boat <input type="checkbox"/> Umbrella	
<b>9-Digit Bank Routing #:</b>	
<b>Checking/Savings Account #:</b>	
<b>Authorized Signature:</b>	<b>Date:</b>
<b>Authorized Signature:</b>	<b>Date:</b>
<b>Existing Policy Number(s):</b>	
<b>Attach a VOIDED check on the account from which premiums will be withdrawn.</b>	

Detach Here