Foremost Insurance Company Grand Rapids, Michigan
A Participating Insurer of the CEA - Servicing Office Address
PO Box 15667
Worcester, MA 01615
Phone: 877-309-8394 Fax: 508-455-4408

ELECTRONIC FUNDS TRANSFER AUTHORIZATION (EFT) FOR CALIFORNIA EARTHQUAKE AUTHORITY (CEA) POLICIES ONLY

Policy Number:

Property Address:

Foremost Insurance Company Grand Rapids, Michigan is pleased to offer our customers the ability to enroll in our Electronic Funds Transfer Program (EFT). Through this program you can elect to make automatic payments from your bank **checking** account. To enroll in this program, please complete this authorization form.

IMPORTANT INFORMATION:
In order to assure payment without interruption, we must be in receipt of this authorization form at least 10 days in advance of the bill due date. Once we have processed your request, you will receive an EFT schedule letting you know your enrollment is complete and future payment deductions will begin.

We will make payment deductions on the due date indicated on your EFT schedule. You will only receive one EFT schedule unless the amount of your payment changes. Refer to your EFT schedule of deductions and applicable installment fees(s).

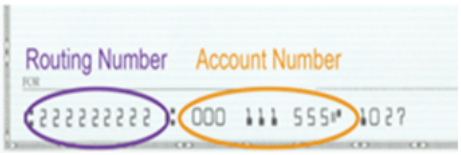
Policies that are being billed to a mortgage company will not be eligible for this payment authorization.

You may not designate a **savings** account for premium deductions.

You can cancel your payment deductions by sending a written request at least 10 days prior to your electronic payment deduction.

Upon any bank return your policy will be removed from EFT and placed on a paper bill payment plan for any future installments. It will be your responsibility to send a replacement payment to avoid the cancellation of your policy.

Name(s) on Bank Account _____
Bank Routing Number _____
Account Number _____
Bank Name _____
Please print all information clearly



Please select payment Plan: ❑ Full Pay EFT ❑ Quarterly EFT ❑ Monthly EFT

I authorize Foremost Insurance Company Grand Rapids, Michigan to initiate debit and/or credit entries electronically to the designated financial institution to my bank account indicated above for the purpose of insurance premiums. This authorization will apply to the California Earthquake Authority policy number shown above and any California Earthquake policies for this property location. This authorization will remain in effect for all future policy terms unless notified in writing to cancel. If I change financial institutions, I will notify Foremost Insurance Company Grand Rapids, Michigan and submit a new Electronic Funds Transfer Authorization.

Signature _____ Date _____

Note: Must be authorized signer for the account specified above.