



ELECTRONIC FUNDS TRANSFER (ACH) OPT-OUT AND ADJUSTMENT

Policy number	
Insured name	
Owner of account at financial institution	
Name of financial institution	
Current routing number	Current account number
Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

<input type="checkbox"/> Opt-out of ACH	
Election to discontinue participation in ACH payment method	
I hereby request that Encova Insurance no longer initiate withdrawals electronically from my financial institution. I understand this request may require up to 24 hours to process upon receipt. During that time any scheduled payments will be processed under the existing agreement. A return fee will be applied to any returned items.	
Account owner signature	Date
Printed name of account owner	

<input type="checkbox"/> Adjustment of account information	
Election to change account information	
I hereby request that Encova Insurance modify the account information used to process ACH payments on my policy. I understand this request may require up to 24 hours to process upon receipt. Any payments scheduled during that time will be processed under the existing agreement. A return fee will be applied to any returned items.	
Account owner signature	Date
Printed name of account owner	
New bank name	Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
New routing number	New account number

Please fax or mail the completed authorization form to:

Encova Insurance
P.O. Box 3151
Charleston, WV 25332-3151
Fax: 877-898-6980