Authorization B

**Authorization to Withdraw Funds by Stillwater
Insurance Services**

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Attach a VOIDED check on the account from which premiums will be withdrawn.	

OPRC208- 1fn- 0506

Detach Here

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.)