



**Esch** SINCE 1959  
**Insurance**

**EFT PAYMENT AUTHORIZATION**

I authorize Esch Insurance Agency, Inc. of Dodgeville, Wisconsin to initiate variable entries to my account identified below for payment of my insurance premium(s). The financial institution named below is authorized to charge insurance premiums to my account from the following insurance companies:

Company Name \_\_\_\_\_

Company Name \_\_\_\_\_

Company Name \_\_\_\_\_

Policy # \_\_\_\_\_ Policy # \_\_\_\_\_

Policy # \_\_\_\_\_

Name of financial institution  
 \_\_\_\_\_

Address of financial institution  
 \_\_\_\_\_  
 (street) ( city) (state) (zip)

\_\_\_\_\_  
 Name (please print)

\_\_\_\_\_  
 Name (Optional) (please print)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Signature Date

Esch Insurance Agency, Inc., 322 N. Iowa Street, P.O. Box 110, Dodgeville, WI 53533  
 Ph: 608-935-9308 Fax: 608-935-5957  
 www.eschinsurance.com  
 (Please attach your voided check to this authorization)