Kentucky National Insurance Company

EFT Change/Termination Request

Policy Number(s): _____ _____ _____

Policyholder's Name _____

Agency Name and Code _____

Option 1: **Please terminate the EFT Payment Plan for the policies listed above.**

Effective Date of Termination: _____

WRITTEN NOTICE MUST BE RECEIVED 10 DAYS OR MORE PRIOR TO THE WITHDRAWAL DATE!!

ONCE A POLICY IS REMOVED FROM EFT, IT MAY NOT BE CHANGED BACK TO EFT BILLING UNTIL THE NEXT RENEWAL TERM!

Option 2: **Please change the EFT bank account used to withdraw premium payments to the following:**

Bank Name and Address: _____

_____

_____

Account Number: _____ **Routing Number:** _____

NOTE!! WRITTEN NOTICE MUST BE GIVEN AT LEAST 10 DAYS PRIOR TO THE NEXT SCHEDULED AUTOMATIC WITHDRAWAL.

ATTACH A COPY OF A CANCELLED CHECK FOR THE NEW ACCOUNT TO THIS FORM.

Policyholder's Signature: _____ **Date:** _____

Email this form and attachments to: info@kynat.com