



Payment Plan Enrollment

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EFT Enrollment
RCC Enrollment

Electronic Funds Transfer (EFT)

Payment Plan Enrollment

- Enrollment Change Bank Information Change Deduction Date
- Change Bank Information And Deduction Date Change Deduction Frequency

Please complete the information below.
 You may choose the deduction date that fits your schedule.
 Deductions cannot be made on the 29th, 30th, or 31st.

NOTE: This plan is not available for your NY Special Auto policy with Travelers.

Personal Information

* Name:

Address:

* City * State * Zip

* Phone () -

Please list the policies that you would like to pay through EFT (Electronic Funds Transfer).

* Policy No. 1:

Policy No. 2:

Policy No. 3:

Banking Information

* Bank Transit/Routing Number [Click help.](#)

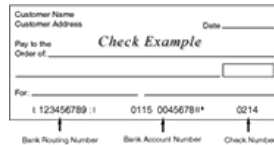
Or ACH (if a credit union):

* Select One: Checking Account Savings Account

* Checking/Savings Account No.:

* Select Deduction Date(1st-28th only):

* Select Deduction Frequency Monthly Lump Sum



[Click here for a larger example.](#)

How did you learn about EFT?

- Statement Stuffer Brochure Mailing
- Agent Online Other

* Asterisk indicates required information.

Authorization for EFT Deductions

By choosing the "Accept" button, I authorize The Travelers Indemnity Company and its property casualty affiliates ("Travelers") to enroll me in the Electronic Funds Transfer Payment Plan. I understand that this authorization allows Travelers to electronically debit the account I have provided for all policy premium and charges, and if necessary credit the account. I understand that this is a recurring authorization and it applies to future policy renewals, reinstated policies and replacement policies and to policies I subsequently enroll. In the event of a deduction amount or a policy number change, or if policies are added, Travelers will provide advance notice. The advance notice will identify these changes and be sent prior to the scheduled deduction to which the change applies. I understand this authorization will remain valid until I provide Travelers with notice of cancellation. I also understand that Travelers and/or my financial institution can cancel my enrollment at any time. I represent that I am the owner and/or authorized signer on the account.

Accept



Please [print this screen](#) for your records.

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