

EFT Payment Plan Authorization

The Electronic Funds Transfer (EFT) payment plan offers you the convenience of having your insurance premiums automatically deducted from your checking or savings account.

The EFT payment plan offers many benefits.....

- No down payment
- No checks to write
- No stamps to buy
- Payment is always on time / avoidance of late charges
- Service charge savings compared to direct bill

How does the EFT Payment plan work?

- Your premium is deducted in 10 equal installments
- Each installment includes a \$1.00 service charge
- Choose to have your deductions taken on the 1st or the 15th of each month
- We will send you a notice before we make the first deduction from your bank account or if the amount to be deducted changes. Note that this is a recurring authorization and will continue for future policy terms unless and until you provide notice of cancellation.

To Complete Your Enrollment:

- Fill in Name/Address Information & Policy #
- Select Checking or Savings
- Select Deduction Date (1st or 15th of each month)
- Select New Enrollment or Update
- Fill in Bank Account details
- Sign and date the form where indicated
- Return the signed form to your agent

| | | |
|---------------------------|---------------------|--------------|
| Customer Name | 2001-91 | |
| Customer Address | DATE _____ | |
| Check Example | | |
| Pay to the Order of _____ | \$ _____ | |
| _____ DOLLARS | | |
| For: _____ | | |
| [123456789] | [0115 0045678] | [0214] |
| Bank Routing Number | Bank Account Number | Check Number |

Name: _____ Policy #: _____
 Street: _____
 City: _____ State: _____ Zip Code: _____
 Daytime Phone #: (_____) _____ Email Address: _____

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Checking | Deduction Date: <input type="checkbox"/> 1 st of each month | <input type="checkbox"/> New Enrollment |
| <input type="checkbox"/> Savings | (select only one) <input type="checkbox"/> 15 th of each month | <input type="checkbox"/> Change Deduction Date and/or Bank Information |

Bank Routing #: _____ **Bank Account #:** _____

Bank Account Holder Name: _____

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.

Date: _____

 Signature (must be a person authorized to sign on this account)

Please keep a copy of this authorization for your records