



Electronic Funds Transfer Authorization

You have elected to enroll in the Electronic Funds Transfer (EFT) Payment Plan.

In order to complete your enrollment in the EFT payment plan so that your insurance premium is automatically deducted from your bank account, you must complete this authorization form.

With EFT, your bank account will be debited once per month if you select "monthly"[†] or once per policy term if you select "lump sum"^{††}. We will send you a notice before we make the first deduction from your bank account. We will also send you advanced notification 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 written notice of cancellation.

[†] Monthly installment deductions will include premium payments and applicable service charges. In most states, the service charge for the monthly EFT payment plan is \$1.00 per installment. Please refer to the Important Billing Notice provided to you in your policy package for a listing of all of your billing options and applicable fees.

^{††} Please note that your bank account will be debited once per policy term unless you make changes to your policy that causes an increase in your premium. We will debit your bank account for those charges after providing you with advanced notification.

To Complete Your Enrollment

- Fill in Routing (ACH) # and Bank Account #.
- Select Checking or Savings.
- Select payment frequency (monthly or lump sum).
- Provide day of month to make payment (optional).
- Sign the form where indicated.
- Attach a voided check (for checking accounts)

to this form and return to:
 Travelers Remittance Center
 One Tower Square
 Hartford, CT 06183-9045
 Fax: 860-277-1035

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

Authorization Agreement for Travelers Electronic Funds Transfer Payment Plan

Name _____ Auto Policy #: _____
 Home Policy #: _____
 Other Policy #: _____

I authorize Travelers* to enroll in the Electronic Funds Transfer Payment Plan and to initiate deductions for my insurance premium for the policy number(s) listed above, including any applicable service charges, directly from my bank account as I have provided to them. I understand that this is a recurring payment plan which means I authorize Travelers to continue to make deductions for future policy terms until I provide Travelers with written cancellation. I understand that Travelers and/or my financial institution can cancel my enrollment in this program at any time. I further authorize Travelers to make refunds, if any, directly to my bank account.

Select Payment Frequency: Monthly Lump Sum

Indicate Day of Month (1st - 28th only) to Make Payment: _____

Checking Savings Routing (ACH) #: _____ Bank Account #: _____

 Signature

 Date

When your signed agreement is received, we will mail you a notice showing a schedule of your future payment amounts and dates. Please continue to make your payment until you receive the notice.

*The Travelers Indemnity Company and its property casualty affiliates, One Tower Square, Hartford, CT 06183