



THE
CINCINNATI INSURANCE COMPANY

P.O. BOX 145496, CINCINNATI, OHIO 45250-5496

INSURED ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I, the undersigned, hereby authorize the Cincinnati Insurance Company (hereinafter, "CIC") to make withdrawals by automatic debit entry on my account each month for the purpose of paying premiums for the policy number or numbers indicated below, including any subsequent renewal or replacement policy.

NAME OF INSURED _____

ADDRESS OF INSURED _____

POLICY NUMBER(s) (Excluding Prefix) _____

CIC is authorized to use automatic debit entry each month to make withdrawals on the account indicated below:

- SAVINGS ACCOUNT
 CHECKING ACCOUNT

(Select One Account Type) (Bank Account Number) (Routing Number)

(Name of Bank and Name of Branch, if any)

(Address of Bank or Branch)

IF YOU WOULD LIKE FUNDS TO BE WITHDRAWN FROM YOUR CHECKING ACCOUNT, YOU MUST INCLUDE EITHER A VOIDED SAMPLE CHECK OR DEPOSIT SLIP FROM YOUR ACCOUNT.

By signing below, I agree that:

- CIC may withdraw money from the account listed above.
- I must have enough money in my account to pay the premium before a withdrawal is made.
- **Notice of Varying Amounts:** If these regular payments will vary in amount, CIC will send me a billing statement to the above address approximately 15 days before a withdrawal.
- The first time a premium payment is returned due to Non-Sufficient Funds for a policy, either by an insured's personal check or electronic funds transfer, the premium due is the installment amount. For each succeeding return of payment due to Non-Sufficient Funds, while continuously insured with the Cincinnati Insurance Companies, a service charge will be added to my installment.
- CIC may make a withdrawal prior to the policy effective date or installment date, but will always notify me on my billing statement.
- This agreement shall remain in effect unless it is cancelled by CIC or my financial institution, or I withdraw this Authorization in writing.
- To cancel this agreement, I must send notice of cancellation in writing and allow 30 days to process my request.

(Name of Policyholder)

X

(Signature of Policyholder)

(Date)

• Upon completion of this form, please return it to your agent •