



ELECTRONIC FUNDS TRANSFER AUTHORIZATION

To enroll in the Electronic Funds Transfer (EFT) payment plan so that your insurance premium is automatically deducted from your bank account, you must complete this authorization form. List all Travelers policies you'd like to pay for through Electronic Funds Transfer and return this with a voided check or savings deposit slip.

Policy # _____ Policy # _____

Policy # _____ Policy # _____

Indicate the day of the month to deduct payment from your account (1st – 28th only): _____

Select Payment Frequency: Monthly Lump Sum

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 Notice about Billing Options and Disclosures 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.

By completing the above, providing a voided check, and signing below, I am authorizing Travelers* to enroll me 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.

Signature: _____ Date: _____

When your signed agreement is received, we will mail you a notice showing a schedule of your future deduction amounts and dates. **Please continue to make payments until you receive this notice.** Be assured that your bank controls the payment transaction, and that Travelers does not access your account directly in any way.

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

**Enrolling in EFT online is quick and easy.
Visit us at amp.Travelers.com to enroll in EFT today!**

Please send to:

Travelers
One Tower Square
Hartford CT 06183-9045
Fax: 860-277-1035