



ELECTRONIC FUNDS (EFT) AUTHORIZATION AGREEMENT
Electric Insurance Company

Account Number:

You have selected the low expense and convenience of monthly* premium payment by automatic deduction from your bank account . To sign up for EFT, just complete and sign the authorization form below. Your regular installment fee will only cost \$1.00.

As a result of our new Account Level Billing feature, you will need to have all your Electric Insurance Policies (your account) enrolled in this plan. The exception to this is your homeowners policy. If that is currently billed to your mortgage company it will not need to be included as part of the Automated Payment Plan. If you do not wish to have all remaining Electric Insurance policies on our Automated Payment Plan, then NONE of your policies may be on the payment plan. **Your account must be paid to date in order to participate in the program.**

I hereby authorize Electric Insurance Company to initiate automatic monthly deductions (withdrawals), from the banking account specified below, as payments when my Electric Insurance Company policy becomes due. I hereby authorize the depository institution specified below to accept these deductions initiated by Electric Insurance Company.

Bank Name: _____

Bank Account Holder Name: _____

Bank Account Number: _____ + **Checking** + **Savings** (check one)

Transit/Routing Number: | : ____ _ _ _ _ _ _ _ _ _ _ : | (9 Digits)

Printed Name: _____ **State:** **MA**

Signature: _____ **Date:** _____

This authority is to remain in full force and effect until Electric Insurance Company has received written notification from me (us) of its termination in such time and in such manner as to afford Electric Insurance Company and Depository a reasonable opportunity to act on it (at least 10 days for any changes).

NOTE: This mode of payment is not currently available in AK, HI, MI, MT, NV.

*NOTE: FLORIDA requires 2 months downpayment; NEW JERSEY requires 25% downpayment.

In some states, payment plan options may be limited to one payment.

Fax a copy of a voided check from your checking account, or deposit slip from your savings account to: **1-978-236-5245 Attention: Billing Department** or

Mail to: **Electric Insurance Company**
Attn: Billing Department
P O Box 1035
152 Conant Street, Beverly, MA 01915-1692