



Electronic Funds Transfer Authorization Agreement

Name _____

Address _____

City _____

State _____

Zip _____

TO BE COMPLETED BY APPLICANT

Bank name: _____

Bank routing/ABA number: _____

Bank account type and number: _____

Checking _____ Savings _____

Type of bank account: Personal Commercial

Preference for electronic funds transfers: 1st – 28th _____

Policy numbers: _____

Effective dates: _____

DEDUCTION AUTHORIZATION

I hereby request and authorize The Hanover Insurance Company (“The Hanover”) or Citizens Insurance Company of America (“Citizens”) to debit/credit my bank account as payments on my policies become due. I agree that if a debit/credit is dishonored, the Bank shall have no liability even if the dishonored debit/credit results in the foreclosure of insurance. This authority is to remain in full force until The Hanover or Citizens and the above named bank have each received written notice from me of its termination in such time and in such manner as to afford The Hanover or Citizens and the bank a reasonable opportunity to act on it.

This information will be used by The Hanover or Citizens only for the processing of insurance premiums and will be kept strictly confidential.

Note: All bank draft returns for Insufficient Funds, Account Closed or Bounced Checks will be subject to a \$25.00 fee. Due to state restrictions, Florida and New York residents will be subject to a \$20.00 fee; West Virginia residents will be subject to a \$15.00 fee and Maine residents will be subject to a \$10.00 fee.

Insured’s signature

Date

Bank account holder’s signature
(If other than the insured)

Date

Mail to: The Hanover Insurance Company
Attn: EFT Department N-462
P.O. Box 15083
Worcester, MA 01615-0083

Fax to: 508-852-2087

IMPORTANT: A VOIDED CHECK MUST ACCOMPANY THIS FORM.