



Electronic Funds (EFT) Authorization Agreement

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Enrollment Status: New Enrollment\_\_\_\_ Change Information\_\_\_\_ Removal from EFT\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Account Type: Checking\_\_\_\_ Savings\_\_\_\_

Bank Transit/Routing Number: |:\_\_\_\_\_:| (9 Digits)

Bank Account Number: \_\_\_\_\_

Account Holder Name (if different than insured): \_\_\_\_\_

IMPORTANT: A VOIDED CHECK OR BANK LETTER (FOR SAVINGS ACCOUNTS) MUST ACCOMPANY THIS FORM.

Policy Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Deduction Authorization

I hereby request and authorize Quincy Mutual Fire Insurance Company to make deductions from my bank account when payments are due on my policy. I agree that if a payment is rejected, the Bank shall have no liability even if the rejected payment results in the cancellation of my insurance policy. This authority is to remain in full force and effect until Quincy Mutual has received written notice from me of its termination in such time and in such manner as to afford Quincy Mutual a reasonable opportunity to act on it. I acknowledge that origination of EFT transactions to my account must comply with the provisions of U. S. law.

This information will be used by Quincy Mutual only for the processing of insurance premiums and will be kept strictly confidential.

Insured Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Account Holder (if different than Insured): \_\_\_\_\_

Mail To: Quincy Mutual – Attn: EFT

PO Box 699150

Quincy, MA 02269

PLEASE NOTE: If you currently have an outstanding bill, please mail in your payment. Your EFT enrollment will take effect when your invoice states "Thank you for being an EFT customer".