



Electronic Funds (EFT) Enrollment & Authorization Agreement

Name: _____

Address: _____

City: _____ State ____ Zip _____

Installment Service Charge
for EFT customers*
\$2 Paper invoice
\$0 E-bill**

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: _____

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Deduction Authorization

I hereby request and authorize Quincy Mutual Fire Insurance Company or New England Mutual Insurance Company (hereinafter, individually and collectively referred to as Quincy Mutual Group) to initiate electronic funds transfers by debiting my bank account indicated above when premium payments are due on the policies specified above. 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 authorization is to remain in full force and effect until Quincy Mutual Group has received written notice from me of its termination in such time and in such manner as to afford Quincy Mutual Group 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 Group 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 Group
Attn: EFT
PO Box 699150
Quincy, MA 02269

Fax To: 617-472-1513

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".

*Installment Service Charges are subject to change
** Enroll in e-bill by going to quincymutual.com