

# THE ANDOVER COMPANIES

MERRIMACK MUTUAL FIRE INSURANCE CO., FOUNDED 1828 • BAY STATE INSURANCE COMPANY, FOUNDED 1955 • CAMBRIDGE MUTUAL FIRE INSURANCE CO., FOUNDED 1883

## ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

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

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

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

Checking Account     Savings Account     Personal Account     Commercial Account  
(attach voided check)    (attach deposit ticket)

Account Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

(Street Address)

(City)

(State)

(zip)

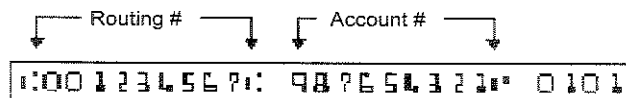
### Authorization Agreement

I hereby authorize The Andover Companies (Merrimack Mutual Fire Insurance Company, Cambridge Mutual Fire Insurance Company or Bay State Insurance Company) to enroll me in its Electronic Funds Transfer ("EFT") Billing Plan and initiate monthly deductions from my bank account to pay the premiums for my insurance policy and any renewals thereof. I may terminate this authorization only by giving The Andover Companies written notice of termination, in which case this authorization will remain in effect for up to 30 days following the Andover Companies' receipt of my notice of termination.

I understand and hereby acknowledge that if the amount in my bank account, on any two separate occurrences during the current policy term, is insufficient to satisfy a monthly deduction under the EFT Billing Plan, the second insufficiency will constitute nonpayment of premium for purposes of the cancellation provisions of my insurance policy and my enrollment in the EFT Billing Plan will automatically end.

Signature of Account Owner: \_\_\_\_\_ Date: \_\_\_\_\_

*How to find your routing number: On your check, the bottom left series of numbers is your routing number.*



Please return this completed form to:

The Andover Companies  
Attn: Underwriting  
95 Old River Road  
Andover MA 01810-1078

**Please see reverse side for more important information.**

# **THE ANDOVER COMPANIES**

## **EFT BILLING PLAN INFORMATION**

### **QUESTIONS / CHANGES**

Please contact your agent to answer your questions or to make changes to your policy

### **EFT BILLING PLAN**

To be eligible for EFT a \$500 minimum premium is required. Your payment will consist of twelve monthly installments. There are no service charges associated with this payment plan.

### **PAYMENT OF PREMIUM**

Your payments are withdrawn from your bank account on approximately the same date of each month. Please note the payments are transferred according to your bank's business calendar. No reminder notice will be sent for payments but the transaction will appear on your monthly bank statement. If changes are made to your policy a new payment schedule will be mailed to you.

### **TRANSACTIONS NOT HONORED BY YOUR BANK**

If the amount in your bank account is insufficient to satisfy the deduction then no withdrawal will be made. The amount will be added to the next unbilled payment and a new payment schedule will be mailed to you. Any two separate occurrences of missed monthly deductions during the current policy term will constitute nonpayment of premium for purposes of the cancellation provisions of your insurance policy. This will automatically **terminate** the EFT Plan and require **full payment** of the outstanding balance.