

Electronic Funds Transfer (EFT) Authorization Form for Commercial Lines



INSTRUCTIONS

This form is required for authorization of **Repetitive EFT** from a savings or checking account for direct bill policies.

Agents:

- ❶ Complete for Commercial Lines new business only.
- ❷ You can process Repetitive EFT requests:
 - » In ICON and Quote Marine quote tools on the EBC. Do not fax.
 - » For other new business submissions, complete the form and fax.
- ❸ Retain one completed copy of this form with the signed application in your files. For Repetitive EFT, provide a copy of the completed form to the Policyholder.

Policyholders:

- ❶ Complete to enroll in Repetitive EFT any time during the policy term.
- ❷ Retain one completed copy for your files.
- ❸ Fax form.

Fax to: 866-829-0250

NOTES TO POLICYHOLDERS:

- » Until your request is processed, you will continue to receive insurance bills in the mail. To keep your account up to date, please remit your check along with the payment portion of the bill.
- » You will receive a schedule of your electronic withdrawals for the remainder of the policy term.
- » EFT payments will be withdrawn automatically as requested, and will be reflected on your bank records.
- » You will always be notified in advance of any changes to your withdrawal amount.
- » A fee may apply and will be added to each withdrawal in states where permitted by law.
- » The Hartford must be notified in advance of any change in bank information in order to continue to draw funds. Call our Customer Service Center to inform us of changes.

Questions on EFT? Please contact our Customer Service Center at 866-467-8730, Monday-Friday, 8:00 a.m. – 8:00 p.m. ET.

POLICYHOLDER INFORMATION

Business Name: _____

Phone: (day time) _____

Address: _____

City: _____

State: _____

Zip: _____

**Your Hartford Billing
Account Number(s):** _____

Your Hartford Policy(ies): _____

EFT AUTHORIZATION

BANK INFORMATION

Name(s) on Bank Account

Type of Account (select one)

Checking: **Account#** _____
(located on the bottom center of check)

- OR -

Savings: **Account#** _____

Bank Routing# _____
(9-digits located on the bottom left of a check, or contact the Bank)

For Repetitive EFT:

Withdrawal Day (select between 1st and 28th) _____

I / We authorize Hartford Fire Insurance Company and its affiliated companies (hereinafter called The Hartford), to initiate debit entries (withdrawals from) and to initiate, if necessary, credit entries (deposits to) and adjustments for any debit entries in error to my (our) account indicated above and the Depository named above to debit and/or credit the same to such account. This authorization is to remain in full force and effect until The Hartford has received notice from me of its termination in such time and in such manner as to afford The Hartford and the Depository a reasonable opportunity to act on it.

Policyholder(s) Signature(s): _____ Date: _____