



Electronic Funds Transfer (EFT) Authorization Agreement Change Form

Please fill out the form below for changes to your current Merchants Insurance Group EFT Information.

Please note, all fields are required. Please allow at least 10 days for Merchants to process this request.

I authorize Merchants Insurance Group and my financial institution to automatically deduct (from my checking or savings account as shown on this form) all future payments for my Merchants Insurance Group policy. I understand the payment amount may vary based upon any changes to my Merchants Insurance Group policy. I understand that both Merchants Insurance Group and my financial institution reserve the right to terminate this authorization and my participation therein. To change or cancel this authorization at any time log on to your account on our website (www.merchantsgroup.com) or contact a Merchants representative at 800-462-8182.

Name: _____

Telephone Number: _____

Name of Financial Institution: _____

Type of Account: Checking Savings

Type of Account: Personal Business

Name on Financial Institution Account: _____

9-Digit ABA or Routing #: _____

Financial Institution Account #: _____

Please change the EFT information for the following policy(s):

First Policy number: _____ Second Policy number: _____

Third Policy number: _____ Fourth Policy number: _____

Fifth Policy number: _____ Sixth Policy number: _____

I have reviewed and agree to this EFT Authorization Agreement Change form.

Signature: _____ Date: _____

Please complete the form and either fax to 716-849-3377 or mail to:

Merchants Insurance Group • P.O. Box 4031 • Buffalo, NY 14240-4031

Questions? Call 800-462-8182