MERCHANTS INSURANCE GROUP®

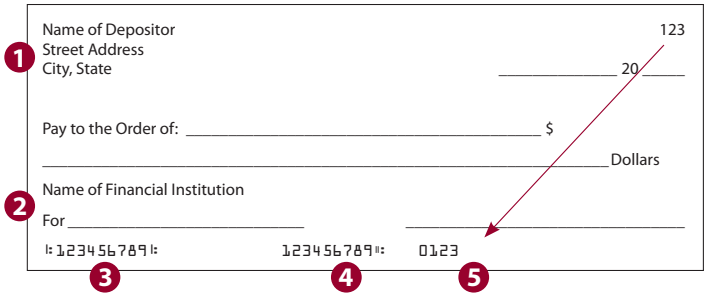
Electronic Funds Transfer (EFT)
Authorization Agreement Enrollment Form

You can automatically pay your Merchants Insurance Group bill directly from your checking or savings account through your financial institution, whether it is a bank or a credit union. This payment option is referred to as **Electronic Funds Transfer (EFT)**. Refer to the sample check below to assist you in completing the EFT Form.

EFT allows your clients to:

- ✓ Save money - No fees applied to any policy on EFT.
- ✓ Save time - It's automatic.
- ✓ Avoid lost or delayed checks in the mail.
- ✓ Ensure a safe and secure payment each time.

Please allow at least 10 business days for us to process this EFT request. Once you are enrolled, your Merchants Insurance Group bill will indicate that you are on Merchants Insurance Group's EFT program.



1. Name on Account
2. Financial Institution
3. ABA or Routing Number
4. Financial Institution Account Number
5. Check Number

Please complete the form below 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

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: _____ Phone Number: _____

Name of Financial Institution: _____

Type of Account: ❑ Checking ❑ Savings Is this account ❑ Personal or ❑ Business?

Name on Account: _____ EFT Withdrawal Day: _____ (Please enter day 1 through 28)

9-Digit ABA or Routing #: _____ Financial Institution Account #: _____

This EFT agreement authorizes EFT payments for the following policy(s):

First Policy number: _____ Second Policy number: _____

Third Policy number: _____ Fourth Policy number: _____

Fifth Policy number: _____ Sixth Policy number: _____

Signature: _____ Date: _____