

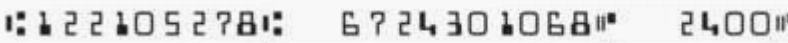


**Electric Insurance Company**  
 75 Sam Fonzo Drive · Beverly MA 01915  
 800.227.2757 · ElectricInsurance.com

**Electronic Funds Transfer (EFT)  
 Authorization**

**Insured Name:**  
**Policy Number:**  
**State:**

Yes, I want to enjoy the ease and convenience of paying my insurance premiums through Electronic Funds Transfer (EFT). I understand that my premiums will be divided over 12 monthly installments. I will be notified in writing if the amount due changes for any reason such as an endorsement or additional coverage requested by me. I hereby authorize Electric Insurance Company to initiate automatic monthly deductions (withdrawals) from the checking account specified below, as payment when my Electric Insurance Company premium becomes due. I hereby authorize the financial institution specified below to accept these deductions initiated by Electric Insurance Company. A \$1.00 monthly installment fee applies in most states. All policies on an account are billed together. This authorization confirms all policies, except for an escrowed home, will be withdrawn through EFT. Written notification required at least ten days in advance to be removed from the EFT program. A \$15 - \$25 fee will be assessed if funds are not available for withdrawal.

	<b>2400</b>	
	_____ 19 _____	91-548/1221
<b>PAY TO THE ORDER OF</b> _____	\$ <input style="width: 100px;" type="text"/>	
	_____	<b>DOLLARS</b>
<b>FOR</b> _____		
		

⑆ \_\_\_\_\_ ⑆ \_\_\_\_\_  
**Routing Number**                      **Account Number**

**Signature of Checking Account Holder:** \_\_\_\_\_

**Date:** \_\_\_\_\_                      **Email address:** \_\_\_\_\_

Please return the completed form by one of the following options:

Fax	Email	Mail
Attn: Billing Department 978.236.5245	BillingRequest@ElectricInsurance.com	Electric Insurance Company Attn: Billing Dept. 75 Sam Fonzo Drive Beverly, MA 01915