

Electronic Funds Transfer (EFT)

Authorization Form for Personal Lines



INSTRUCTIONS

This form is required for authorization of a Down Payment or one time Installment EFT payment and/or initial set up of a Repetitive EFT payment plan from the policyholder's savings or checking account.

Agents:

1. Complete this form for Down Payment, one time Installment Payment, and/or Repetitive EFT authorization.
2. Process requests online in QTI only. Do not fax or mail.
3. Retain one completed copy of this form with the signed application in your files. Provide a copy of the completed form to the policy holder.

NOTES TO POLICYHOLDERS:

- Until your repetitive EFT payment plan 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.
- Please keep a copy of this form with your other insurance documentation.
- You will receive an EFT withdrawal schedule 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- EFT payments will be withdrawn automatically as requested, and will be reflected on your bank records.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 \$2.00 fee will be added to each withdrawal in most states, with the following exceptions:
Kentucky - \$1.60 per withdrawal.
- The Hartford must be notified in advance of any change in bank information in order to continue to withdraw funds. Call our Customer Service Center to inform us of any changes.

Questions on EFT? Please contact our Customer Service Center at 800-624-5578, Monday-Friday, 8:00 a.m. - 8:00 p.m. ET.

POLICYHOLDER INFORMATION

Name:		Phone: (day time)
Address:		
City:	State:	Zip:
Your Hartford Policy(ies): #1 _____ #2 _____ #3 _____		

EFT AUTHORIZATION

Request Type: (check all that apply)

Note: When choosing both types of payments, only one bank account may be selected - either Savings or Checking.

☐ One Time Payment EFT (Down Payment or Installment)

☐ Repetitive EFT Payment Plan (monthly)

BANK INFORMATION

Name: _____	
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): _____