TRAVELERS

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

Electronic Funds Transfer

The Electronic Funds Transfer (EFT) payment plan offers you the convenience of having your insurance premium payments automatically deducted from your checking or savings account.

The Electronic Funds Transfer Payment Plan Offers Many Benefits…

- No checks to write
- No stamps to buy
- Payment is always on time / avoid late charges
- Service charge savings compared to direct bill
- Easy to enroll
- Your information is kept private and secure
- Choose a payment date convenient to you

Here is How the Electronic Funds Transfer payment Plan Works…

With EFT, your bank account will be debited once per month if you select "monthly"* or once per policy term if you select "pay in full"**. **We will send you a notice before we make the first deduction from your bank account.** We will also send you advanced notification if the amount to be deducted changes. Note that this is a recurring authorization and will continue for future policy terms unless and until you provide Travelers with notice of cancellation.

* Monthly deductions will include premium payments and applicable service charges.The service charge for the monthly EFT payment plan is $2.00 per installment. Please refer to the Important Notice about Billing Options and Disclosures provided to you in your policy package for a listing of all of your billing options and applicable charges.

** Please note that your bank account will be debited once per policy term unless you make changes to your policy that causes an increase in your premium. We will debit your bank account for those charges after providing you with advanced notification.

Two Ways To Complete Your Enrollment:

1. Access your account at **MyTravelers.com**
2. Send the completed authorization form to your Agent

Customer Name 2001-91
Customer Address DATE _____

Check Example

Pay to the
Order of _____ $ _____

_____ DOLLARS

For: _____ _____

{123456789} {0155 0045678} {0214}

Bank Routing Number Bank Account Number Check Number

DETACH AT PERFORATION

Authorization Agreement for Travelers Electronic Funds Transfer Payment Plan

Name: _____ Policy Number: _____

Address: _____ Policy Number: _____

_____ Policy Number: _____

Select payment Frequency: ☐ Monthly ☐ Pay In Full Indicate Day of Month: (1st – 28th only) to Make Payment: _____

☐ Checking ☐ Savings Bank Routing #: _____ Bank Account #: _____

I authorize The Travelers Indemnity Company and its property casualty affiliates ("Travelers") to enroll me in the Electronic Funds Transfer Payment Plan. I understand that this authorization allows Travelers to electronically debit the account I have provided for all policy premium and charges, and if necessary credit the account. I understand that this is a recurring authorization and it applies to future policy renewals, reinstated policies and replacement policies and to policies I subsequently enroll. In the event of a deduction amount or a policy number change, or if policies are added, Travelers will provide advance notice. The advance notice will identify these changes and be sent prior to the scheduled deduction to which the change applies. I understand this authorization will remain valid until I provide Travelers with notice of cancellation. I also understand that Travelers and/or my financial institution can cancel my enrollment at any time. I represent that I am the owner and/or authorized signer on the account.

_____ _____

Signature (must be a person authorized to sign on this account) Date

When your signed agreement is received, we will mail you a notice showing a schedule of your future deductions, including the amounts and dates when your payments will be deducted. **Please continue to make your payment until you receive the notice.**

Keep this copy of the form for your records

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Detach and send
completed form to
your Agent for
processing