

A FEW MINUTES CAN SAVE YOU MONEY!

EFT eliminates direct bill service fees, check fees and postage! Fill out the information below to start paying your bill by EFT. Or go to MyHanoverPolicy on hanover.com to enroll and manage your EFT account. It only takes a few minutes and could save you a lot.

BANK ACCOUNT HOLDER NAME AND ADDRESS

First Name: _____ Last Name: _____ Suffix: _____

OR

Company Name: _____

Email Address: _____ Phone #: _____

Address Line 1: _____

Address Line 2: _____

City, State, ZIP: _____

BANK ACCOUNT INFORMATION (Select one)

The information provided will be used by Hanover or Citizens for processing your payment and will be kept confidential.

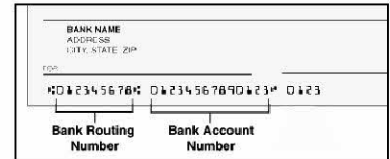
Bank Name: _____

Personal Account – Checking Personal Account – Savings Business Account – Checking Business Account – Savings

ABA/ACH Routing Number: _____

Checking or Savings Account Number: _____

Payment Plan*: Full Pay 2 Pay** 4 Pay
 10 Pay (for 12 Month Policies only) Monthly



*If no payment plan is indicated, your policy will be defaulted to a Monthly payment plan.
 **Available in all states except MA & RI.

(If no date is chosen, the withdrawal will automatically be made on the 10th of the month.)

Withdrawal Date: (select a day between the 1st and 28th) _____

Write the policy numbers of the policies you wish to enroll in the EFT program in the spaces below:

Policy #1: _____

Policy #2: _____

Policy #3: _____

Policy #4: _____

| Description | Previous Balance | Payments Received | Rate Activity | New Billing | Previously Billed | Current Amount Billed | Minimum Amount Due |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|-----------------------|--------------------|
| Auto Policy #11 1254547 effective 12/31/10 - 12/31/11 Payment Plan: 10 Pay | \$1,355.97 | \$169.49 | (\$399.03) | \$137.86 | \$0.00 | \$222.20 | \$232.70 |
| Homeowners Policy #11 2345478 effective 12/31/10 - 12/31/11 Payment Plan: 10 Pay | \$1,087.74 | \$248.45 | \$0.00 | \$1,739.20 | \$0.00 | \$248.45 | \$248.45 |
| TOTAL | \$3,343.71 | \$417.95 | (\$399.00) | \$2,524.76 | \$0.00 | \$480.65 | \$480.65 |

DEDUCTION AUTHORIZATION

By signing below, you are enrolling in The Hanover Insurance Company ("Hanover") and Citizens Insurance Company of America ("Citizens") Electronic Funds Transfer payment plan. Your enrollment will be effective when you receive written notification from your insuring Hanover or Citizens company. You authorize the Hanover or Citizens, as applicable, to initiate deductions from the bank account identified above to pay the premiums for the indicated policy(ies) and any renewal thereof. Any overpayment or refund may be deposited into this bank account. This authorization will remain in effect until The Hanover or Citizens and your bank receive timely notice of your termination and a reasonable opportunity to cancel your enrollment. The information provided will be used by The Hanover or Citizens for the processing of your premium payment and will be kept confidential. If you fail to provide a date for your EFT payment, you agree for the payment to be made on the 10th of the month in which it's due. Please note all payments returned for insufficient funds or account closed will be subject to a fee. If your EFT payment is dishonored by your bank due to lack of funds or for any other reason, we may terminate your EFT arrangement. Any amount you owe shall not be waived by termination of your EFT agreement. Implementing your EFT request may take up to 30 days. For new enrollments continue to make scheduled direct bill payments to avoid an interruption in coverage until you receive a withdrawal notice in the mail.

Account holder's signature _____ Date _____

Mail to: The Hanover Insurance Company, PO Box 15083, Worcester, MA 01653-0083

Email: hanovereft@hanover.com | Fax number: 508-926-5438

If this fax or email has been received in error, please forward it to 508-926-5438 or email it to hanovereft@hanover.com and destroy all copies