



EFT is fast, easy
and convenient!

Dear Merchants Insurance Group Customer,

You can now automatically pay your Merchants Insurance Group bill directly from your checking or savings account at your financial institution, whether it is a bank or a credit union. This payment option is referred to as **Electronic Funds Transfer (EFT)**.

EFT* allows you to:

- Save time - - It's automatic.
- Avoid lost or delayed checks in the mail.
- Ensure a safe and secure payment each time.

*Insurance bills with all policies enrolled in EFT

- A \$1 service fee will be applied to each insurance bill when all policies on the insurance bill are enrolled in EFT.

*Insurance bills with some, but not all policies enrolled in EFT

- A \$1 service fee will be applied to the account enrolled in EFT.
- A \$5 installment charge will be applied to all non-EFT personal insurance bills.
- A \$7 installment charge will be applied to all non-EFT commercial insurance bills.

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

Questions on EFT?
Please refer to our FAQ page.

It's easy to sign up!
Just fill out the form below and click "Continue."



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 account bill. 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. If I choose to terminate this authorization, I will notify Merchants Insurance Group in writing.

Name of Financial Institution: *

Please Select Type of Account: * Checking Account **OR** Savings Account

Name on Account: *

Is this account Personal or Business? * Personal Account **OR** Business Account

Financial Institution Account #: * ?

Verify Financial Institution Account #: *

9-Digit ABA or Routing #: * ?

Merchants' Policy #: *
(Located in the Account Billing Activity area of your insurance bill.)

Insured Name: *

Phone #: * 1 - () - -

EFT Withdrawal Day: * Please enter days 1 through 28

I agree to obtain the insured's signature and retain the signed EFT enrollment/discontinuation form in accordance with the Records Retention requirements set forth in Merchants Insurance Group Agency Agreement and applicable state law

