

Electronic Funds Transfer (EFT)

Authorization Form for Personal Lines



INSTRUCTIONS

This form is required for authorization of Down Payment EFT and/or initial set up of Repetitive EFT from a savings or checking account.

NEW BUSINESS POLICIES — TO BE COMPLETED BY AGENTS

- ❶ Complete for Down Payment and/or Repetitive EFT on new business only.
- ❷ Process requests online in QTI only. **Do not fax or mail.**
- ❸ Retain one completed copy of this form with the signed application in your files. For Repetitive EFT, provide a copy of the completed form to the Policyholder.

MID-TERM POLICIES — TO BE COMPLETED BY AGENTS OR POLICYHOLDERS

- ❶ Complete for Repetitive EFT requests any time during the policy term.
- ❷ Retain a completed copy for your files.
- ❸ **Fax to:** (860) 757-5969 - OR -
Mail to: Hartford Personal Lines
Automated Payment Enrollment
P. O. Box 14217
Lexington, KY 40512-9978

NOTES TO POLICYHOLDERS

- ❖ Until your EFT 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.
- ❖ You will receive a schedule of your electronic withdrawals 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- ❖ EFT payments will be withdrawn automatically as requested and will be reflected on your bank records.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 fee may apply and will be added to each withdrawal in states where permitted by law.
- ❖ The Hartford must be notified in advance of any change in bank information in order to continue to draw funds. Call our Customer Service Center to inform us of changes.

Questions on EFT? Please contact our Customer Service Center at 800-624-5578, Monday-Friday, 8:00 a.m. – 6:00 p.m. ET.

POLICYHOLDER INFORMATION

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

EFT AUTHORIZATION

Request Type: (check all that apply)

Note: When choosing both types of payments, only one bank account can be selected — either Savings OR Checking.

Down Payment EFT (one time)

Repetitive EFT (monthly)

BANK INFORMATION

Name	
Type of Account (select only one) <input type="checkbox"/> Checking: Account #: _____ (located at bottom center of check) - OR - <input type="checkbox"/> Savings: Account # _____	Bank Routing #: _____ (9 digits located at the bottom left of a check, or contact the bank) For Repetitive EFT: Withdrawal day: (select between 1 st 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) Signatures: _____ **Date:** _____