



VERMONT MUTUAL INSURANCE GROUP®
Electronic Funds Transfer (EFT)

Payment Plan Option: Enrollment

Please complete the Personal information below

Name

Address 1

Address 2

City State Zip

Phone

Email

Please list the Policy/Account Number(s) that you would like to pay through EFT.

POLICYHOLDER INFO
Policy Number: HO12345678
Policy Period: 06/01/2016 - 06/01/2017
Insureds: JOHN Q SAMPLE

* The policy number(s) listed above may be changed by the company at issuance or renewal.

Banking Information

Withdrawal Date [] 1st or [] 15th

Account Holder Name

Name of Financial Institution

Bank Transit/Routing Number

Select One [] **Checking - Please include a voided check** [] **Savings - Please include a deposit ticket**

Checking/Savings Account Number

Mail your request to:
 EFT Department
 PO Box 188
 Montpelier, VT 05601-0188



Signature of Account Holder _____ **Date** _____

Terms & Conditions:

I hereby request and authorize Vermont Mutual Insurance Group® to debit/credit my bank account as payments for my account/policy number(s) become due. I understand that the amount deducted from my account could vary due to changes in my insurance coverage and that Vermont Mutual Insurance Group® will send me a written notice if my deduction amount changes. I agree that if a debit/credit is dishonored, the bank shall have no liability even if the dishonored debit/credit results in the forfeiture of insurance. This authority is to remain in full force until Vermont Mutual Insurance Group® and the above named bank have received written notice from me of its termination. To stop the next scheduled deduction, written notification must be received ten business days prior to the next deduction. No payment to Vermont Mutual shall be deemed to have been made unless and until Vermont Mutual receives actual credit.

Disclaimer:

Vermont Mutual Insurance Group® has the right to deny eligibility to this enrollment request for any reason or to discontinue the use of this enrollment if your account/policy number(s) are not in good standing or if there are insufficient funds on the scheduled deduction date. A letter of rejection regarding this agreement will be sent to you if you are not eligible or if you become ineligible.