The Hanover Insurance Group®

The Hanover Insurance Company | 440 Lincoln Street, Worcester, MA 01653
Citizens Insurance Company of America | 645 West Grand River Avenue, Howell, MI 48843

Electronic Funds Transfer Authorization Form

A Few Minutes Can Save You Up to $50!

EFT eliminates direct bill service fees, check fees and postage! Fill out the questions below to start paying your premiums by EFT. 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: _____

Address Line 1: _____

Address Line 2: _____

City: _____ **State:** ____ **ZIP:** _____

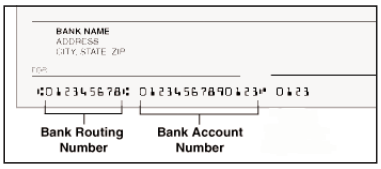
Bank Account Information (Select one)

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

☐ **Personal Account** – Checking ☐ **Personal Account** – Savings ☐ **Business Account** – Checking ☐ **Business Account** – Savings

ABA/ACH Routing Number: _____

Checking or Savings Account Number: _____

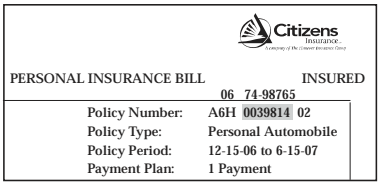


Withdrawal Date: (select a day between the 1st and 28th) ____ **Policyholder's Phone Number:** _____

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: _____



Deduction Authorization

By signing below, you are enrolling in The Hanover Insurance Company ("Hanover")/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 monthly deductions from your bank account identified above to pay the premiums for the indicated policy(ies) and any renewal thereof and to deposit any credits or refunds into the account. This authorization will remain in effect until the Hanover or Citizens and your bank receives timely written notice of your termination and a reasonable opportunity to cancel your enrollment.

Account holder's signature _____ **Date** _____

Please mail or fax this completed form to:

Mail to:
The Hanover Insurance Company
P.O. Box 15083
Worcester, MA 01615-0083

Fax number: 508-926-5438