

## 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 bill by EFT. Or go to www.myhanoverpolicy.com or www.mycitizenspolicy.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 OR	Name:	Suffix:
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 Ci	tizens for the processing of your premium pa	ayment and will be kept confidential.
Bank Name:		_
□ Personal Account – Checking □ Personal Account – Savings □ Business Account – Checking □ Business Account – Savings		
ABA/ACH Routing Number:		BANK NAME ADDRESS CITY, STATE 2IP
Checking or Savings Account Number:		Bank Routing Bank Account Number
Withdrawal Date: (select a day between the 1st and 28th) Policyholder's Phone Number: Policyholder's Phone Number:		
Write the policy numbers of the policies you wish to enro	oll in the EFT program in the spaces below:	Citizens Insurance Insurance
Policy #1: Policy	#2:	PERSONAL INSURANCE BILL INSURED  06 74-98765  Policy Number: A6H 0039814 02
Policy #3: Policy	#4:	Policy Type: Personal Automobile Policy Period: 12-15-06 to 6-15-07 Payment Plan: 1 Payment
Di	EDUCTION AUTHORIZATION	
By signing below, you are enrolling in The Hanover Insu Electronic Funds Transfer payment plan. Your enrollmen Hanover or Citizens company. You authorize the Hanov account identified above to pay the premiums for the ir refunds into the account. This authorization will remain notice of your termination and a reasonable opportunity.  Account holder's signature	t will be effective when you receive written er or Citizens, as applicable, to initiate mont indicated policy(ies) and any renewal thereof in effect until the Hanover or Citizens and y y to cancel your enrollment.	notification from your insuring hly deductions from your bank and to deposit any credits or
Please mail or fax this completed form to:	Mail to: The Hanover Insurance Company PO Box 15083 Worsester MA 01615 0083	Fax number: 508-926-5438