

ELECTRONIC FUND TRANSFER (EFT) AUTHORIZATION

In order to draw premiums on policies authorized by this agreement, please draw payment on the following account
(Please print):

Name as on Account Records		
Name of Financial Institution		
Address of Financial Institution (Please print)		
City	State	Zip
ABA ROUTING NUMBER: _ _ - _ - _		
ACCOUNT NUMBER: _____		
Checking <input type="checkbox"/> Savings <input type="checkbox"/>		
(Check One)		
NOTE: PLEASE ENCLOSE A VOIDED CHECK OR DEPOSIT SLIP SHOWING THE FINANCIAL INSTITUTION ROUTING NUMBER AND YOUR ACCOUNT NUMBER ALONG WITH THIS AUTHORIZATION.		

List the insurance policy number(s) with Harleysville Worcester Insurance Company and its affiliates you would like to authorize payment by EFT:	
_____	_____
_____	_____
_____	_____
Personal Account Billing Number: _____	
Payment Plan Requested: _____	

AUTHORIZATION TO HONOR PAYMENTS DRAWN BY AND PAYABLE TO THE HARLEYSVILLE WORCESTER INSURANCE COMPANY

For my convenience, I authorize my financial institution indicated above to pay and charge my checking or savings account for the payment of premiums on the insurance policies listed above to the order of Harleysville Worcester Insurance Company, without personal signature of any person employed by the Company. Your rights as to such payments shall be as though they were signed by me. This authority continues until I notify you in writing to the contrary, and until you or my financial institution receive such notice, I agree that you shall be fully protected in honoring such payments. If any such payments are dishonored, except as a result of an error by the financial institution listed above or the Company, this arrangement may be terminated.

X _____
Signature of Above Account Holder

RETURN COMPLETED AUTHORIZATION TO:

**HARLEYSVILLE WORCESTER INSURANCE COMPANY, PROCESSING CENTER
355 MAPLE AVENUE, HARLEYSVILLE, PA 19441-0002**