



**THE CONCORD GROUP INSURANCE COMPANIES**  
4 BOUTON STREET CONCORD, NEW HAMPSHIRE 03301

**Policyholder Self-Service**  
**Authorization Agreement for Electronic Funds Transfer (EFT)**

Please check one:

New Concord Group policy(s)    Existing policyholder enrolling in EFT    Changing existing EFT Account

Choose a payment plan: (Information on Pay Plans on back of invoice statement.)

1 Pay    2 Pay    4 Pay    9 Pay    Monthly

Policy Number(s): \_\_\_\_\_  
*(Please list all policies that will be affected by this request)*

Policyholder Name(s): \_\_\_\_\_

Address/State/ZIP: \_\_\_\_\_

Your Independent Agency's Name: \_\_\_\_\_

I (we) hereby authorize **The Concord Group Insurance Companies** to initiate debit/credit entries to my (our) account indicated at the financial institution named below to pay my (our) premium.

BankName: \_\_\_\_\_ City: \_\_\_\_\_ State / ZIP: \_\_\_\_\_

Please indicate the appropriate type of account    Checking *(Please attach a voided check at the bottom of this form)*  
 Savings

\*ABA Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_  
(see image below for proper documentation)

Name as it appears on the account: \_\_\_\_\_

Signature (s): \_\_\_\_\_ Date: \_\_\_\_\_

*Concord Group retains the right to notify you only when there is a change from your previous withdrawal amount that is \$5.00 or more. This agreement may be discontinued at any time by providing proper notification and a reasonable amount of time to process the request.*

Attach Voided Check

