



THE CONCORD GROUP INSURANCE COMPANIES
 A MEMBER OF THE AUTO-OWNERS INSURANCE GROUP SM
 4 BOUTON STREET CONCORD, NEW HAMPSHIRE 03301

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

Please check one:

- New Concord Group policy Existing policyholder enrolling in EFT Changing existing EFT Account

Choose a payment plan:

- 1 Pay 2 Pay 4 Pay 9 Pay Monthly 40/30/30 Motorcycle Only

Policy Number: _____
 (Please provide one form per policy.)

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 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.



Routing/Transit Number Account Number