



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

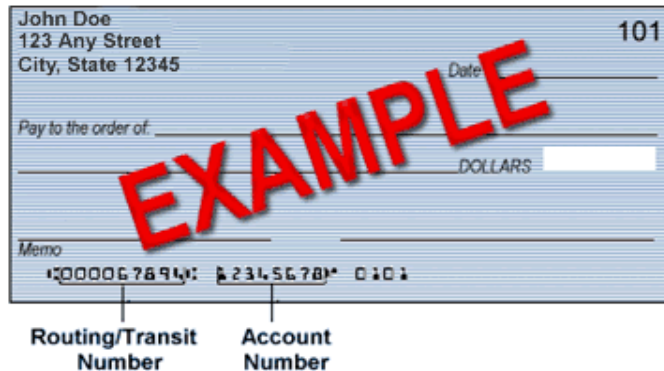
*ABA Routing Number: _____ Account Number: _____
(see image below for proper documentation)

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



Send this completed form to your Independent Agent for processing