



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

Authorization Agreement for Electronic Funds Transfer (EFT)

- Please check one: (1) New Business Policy
(2) Existing Concord Group Policy
(3) Change to an Existing EFT Account

(Please list all policies that will be affected by this change)

Policyholder Name: _____ Policy Number(s): _____

Agency Name: _____ Agency Code: _____

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.

Bank Name: _____

City: _____ State: _____

Please indicate the appropriate type of account Checking *(Please attach a voided check only)*
 Savings

*ABA Routing Number: _____

Account Number: _____

Name as it appears on the account: _____

Signature: _____ Date: _____

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/Deposit Slip

**Please note that some banks do not include their complete routing number on their deposit slips. If the number on the slip does not contain nine (9) digits, the policyholder will need to contact their bank for verification.*