



Premium Payments  
Electronic Funds (EFT) Enrollment & Authorization Agreement

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Installment Service Charge  
for EFT customers\*  
\$2 Paper invoice  
\$0 E-bill\*\*

**Enrollment Status:** New Enrollment ☐ Change Information ☐ Removal from EFT ☐

Bank Name: \_\_\_\_\_ Bank Account Type: Checking ☐ Savings ☐

Bank Transit/Routing Number: \_\_\_\_\_ (9 Digits)

Bank Account Number: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_  
(if different than Insured)

YOUR NAME 1234 Main Street Anywhere, OH 00000		DATE _____
PAY TO THE ORDER OF _____		\$ _____
_____ DOLLARS		
123456789	123456789	123
ROUTING NUMBER	ACCOUNT NUMBER	CHECK NUMBER

Policy Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Deduction Authorization**

I hereby request and authorize Quincy Mutual Fire Insurance Company or New England Mutual Insurance Company (hereinafter, individually and collectively referred to as Quincy Mutual Group) to initiate electronic funds transfers by debiting my bank account indicated above when premium payments are due on the policies specified above. I agree that if a payment is rejected, the Bank shall have no liability even if the rejected payment results in the cancellation of my insurance policy. This authorization is to remain in full force and effect until Quincy Mutual Group has received written notice from me of its termination in such time and in such manner as to afford Quincy Mutual Group a reasonable opportunity to act on it. I acknowledge that origination of EFT transactions to my account must comply with the provisions of U. S. law.

This information will be used by Quincy Mutual Group only for the processing of insurance premiums and will be kept strictly confidential.

Insured Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Account Holder (if different than Insured): \_\_\_\_\_

Mail To: Quincy Mutual Group

Attn: EFT  
PO Box 699150  
Quincy, MA 02269-9150

**PLEASE NOTE: If you currently have an outstanding bill, please mail in your payment. Your EFT enrollment will take effect when your invoice states "Thank you for being an EFT customer".**

Fax To: 617-472-1513

\* Installment Service Charges are subject to change  
\*\* Enroll in E-bill at [quincymutual.com](http://quincymutual.com).

Disclaimer: Quincy Mutual Group is not responsible for the protection of e-mailed confidential information. Please either mail or fax completed form.