

# EFT Application for Property & Casualty Customers



Print all information in ink.

Named Insured(s) as listed on your policy(ies)\*

\_\_\_\_\_  
\_\_\_\_\_

Insurance account number (if applicable) \_\_\_\_\_

If you do not have an account, list the numbers of the individual policies you wish to include under EFT

\_\_\_\_\_  
\_\_\_\_\_

Pay Plan—Select the pay plan most convenient to you.

☐1-pay ☐2-pay ☐4-pay ☐9- or 10-pay (Varies by state and by special product availability) ☐12-pay

## Electronic Funds Transfer Authorization Agreement

Name(s) as appearing on account from which EFT payments will be withdrawn

\_\_\_\_\_  
Bank/financial institution name \_\_\_\_\_

Address of branch location \_\_\_\_\_

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

Account # \_\_\_\_\_ Routing # |: \_\_\_\_\_|:

See illustration below if you are unsure about your account and routing numbers.

Type of account (check one): ☐ Checking account ☐ Savings account ☐ Money market account

I (we) request and hereby authorize my (our) financial institution to pay and charge my (our) designated account for the payment of premiums on the policies listed on this form, to the order of Nationwide, without personal signature of me (us), or for a business account, any person employed by the Company. Your rights to such payments shall be as though they were signed by me (us). This authority continues until I (we) notify you in writing to the contrary, and until you or my (our) financial institution receives such notice, I (we) agree that you shall be fully protected in honoring such payments. If any such payments are dishonored, except as the result of an error by my (our) financial institution or by the Company, this arrangement may be terminated.

\_\_\_\_\_  
Signature of authorized account holder

\_\_\_\_\_  
Title of authorized account holder (if business account)

\_\_\_\_\_  
Signature of co-account holder (if joint account)

\_\_\_\_\_  
Date

## Mailing your EFT application

- ❶ Enclose a check for the amount due as indicated on your invoice. If you're a new customer, please enclose a check for your initial premium payment. For renewals, enclose a check for the amount due as shown on your premium invoice.

Please note that any other premium invoices you receive from us prior to your first EFT notice of withdrawal must be paid by check and submitted to us by the due date.

- ❷ Enclose a blank check marked VOID or a blank deposit slip showing account numbers.

- ❸ Mail your completed application form, check or deposit slip and initial premium in the enclosed envelope.

If you misplace the envelope, mail to:

Nationwide, Payment Processing Center, 355 Maple Avenue, Harleysville PA 19438-2297.

If you have any questions, please contact your agent or call our service center at 800.338.8301.

- Email: [erequest@nationwide.com](mailto:erequest@nationwide.com)
- Fax: 866-844-9635

