



Name: _____

Address: _____ City: _____ State: _____ Zip: _____

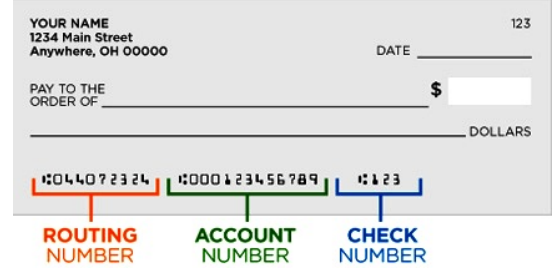
Enrollment Status: New Enrollment Change Information Removal from EFT

Bank Name: _____ Bank Account Type: Checking Savings

Bank Transit/Routing Number: | _____ | (9 Digits)

Bank Account Number: _____

Account Holder Name: _____ (if different than Insured)



Installment Service Charge for EFT customers: \$2 Paper invoice or \$0 E-bill (enroll at quincymutual.com - Customer Login)

Three boxes for Policy Number and withdrawal options (12 pay or 10 pay*).

*The 10 pay plan option is not currently available for Commercial Auto, Commercial Fire, or Commercial Package Policies. You must select the 10 pay plan to choose your withdrawal day. The timing of enrollment and/or policy issuance may affect the initial number of installments. New EFT customers: If you currently have an outstanding bill, please mail in your payment. Current EFT customers: Changes to bank account information will be updated upon receipt. Outstanding invoices will be withdrawn as originally invoiced.

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.

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 Fax To: 617-472-1513 or 800-772-6202

Installment Service Charges are subject to change

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