THE ANDOVER COMPANIES

MERRIMACK MUTUAL FIRE INSURANCE CO., FOUNDED 1828 • BAY STATE INSURANCE COMPANY, FOUNDED 1955 • CAMBRIDGE MUTUAL FIRE INSURANCE CO., FOUNDED 1833

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

Policy Number_____

Bank Name: _____

Bank Routing Number: _____ Bank Account Number: _____

☐ Checking Account ☐ Savings Account ☐ Personal Account ☐ Commercial Account

Account Owner Name: _____ Phone: _____

Your Address: _____
(Street Address)

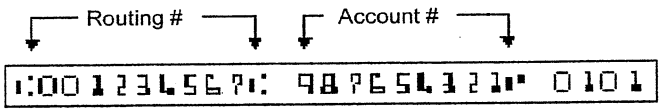
_____
(City) (State) (zip)

Authorization Agreement

I hereby authorize The Andover Companies (Merrimack Mutual Fire Insurance Company, Cambridge Mutual Fire Insurance Company or Bay State Insurance Company) to enroll me in its Electronic Funds Transfer ("EFT") Billing Plan and initiate monthly deductions from my bank account to pay the premiums for my insurance policy and any renewals thereof. I may terminate this authorization only by giving The Andover Companies written notice of termination, in which case this authorization will remain in effect for up to 30 days following the Andover Companies' receipt of my notice of termination..
I understand and hereby acknowledge that if the amount in my bank account, on any two separate occurrences during the current policy term, is insufficient to satisfy a monthly deduction under the EFT Billing Plan, the second insufficiency will constitute nonpayment of premium for purposes of the cancellation provisions of my insurance policy and my enrollment in the EFT Billing Plan will automatically end.

Signature of Account Owner: _____ Date: _____

***How to find your routing number**: On your check, the bottom left series of numbers is your routing number.*



Please return this completed form to:

The Andover Companies
Attn: Underwriting
95 Old River Road
Andover MA 01810-1078

Please see reverse side for more important information.