

Electronic Funds Transfer (EFT)

Payment Plan Enrollment

- Enrollment Change Bank Information Change Deduction Date
- Change Bank Information And Deduction Date Change Deduction Frequency

Please complete the information below.
 You may choose the deduction date that fits your schedule.
 Deductions cannot be made on the 29th, 30th, or 31st.

NOTE: This plan is not available for your NY Special Auto policy with Travelers.

Personal Information

* Name:

Address:

* City * State * Zip

* Phone () -

Please list the policies that you would like to pay through EFT (Electronic Funds Transfer)

* Policy No. 1:

Policy No. 2:

Policy No. 3:

Banking Information

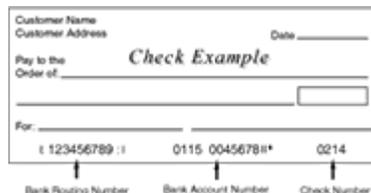
* Bank Transit/Routing Number [Click help.](#)
 Or ACH (if a credit union):

* Select One: Checking Account Savings Account

* Checking/Savings Account No.:

* Select Deduction Date(1st-28th only):

* Select Deduction Frequency Monthly Lump Sum



[Click here for a larger example.](#)

How did you learn about EFT?

- Statement Stuffer Brochure Mailing
- Agent Online Other

* Asterisk indicates required information.

Authorization for EFT Deductions

By choosing the "Accept" button, you are enrolling the above customer in the Travelers Electronic Funds Transfer Payment Plan. By doing so, you are confirming that you have on file and will retain a fully completed and signed authorization form from this customer.



Please [print this screen](#) for your records.

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