

A Few Minutes Can Save You Up to \$50!

EFT eliminates direct bill service fees, check fees and postage! Fill out the questions below to start paying your bill by EFT. Or go to www.myhanoverpolicy.com or www.mycitizenspolicy.com to enroll and manage your EFT account. It only takes a few minutes and could save you a lot.

BANK ACCOUNT HOLDER NAME AND ADDRESS		
	Last Name:	Suffix:
OR		
Company Name:		
Email Address:		
Address Line 1:		
Address Line 2:		
City:	State: ZIP:	
BANK ACCOUNT INFORMATION (Select one)		
The information provided will be used by Hanover of	or Citizens for the processing of your prem	ium payment and will be kept confidential.
Bank Name:		
□ Personal Account – Checking □ Personal Account – Savings □ Business Account – Checking □ Business Account – Savings		
ABA/ACH Routing Number:		BANK NAME ADDRESS CATY, STATE ZIP
Checking or Savings Account Number:		Bank Routing Bank Account Number
Withdrawal Date: (select a day between the 1st and	d 28th) Policyholder's Phone Nu	ımber:
Write the policy numbers of the policies you wish to	enroll in the EFT program in the spaces be	elow:
Policy #1: Po	olicy #2:	PERSONAL INSURANCE BILL INSURED 06 74-98765 Policy Number: A6H 0039814 02
Policy #3: Po		Policy Type: Personal Automobile
	DEDUCTION AUTHORIZATION	
By signing below, you are enrolling in The Hanover Electronic Funds Transfer payment plan. Your enrolling Hanover or Citizens company. You authorize the Hanocount identified above to pay the premiums for the refunds into the account. This authorization will remnotice of your termination and a reasonable opport. Account holder's signature	ment will be effective when you receive wanover or Citizens, as applicable, to initiate the indicated policy(ies) and any renewal that in effect until the Hanover or Citizens unity to cancel your enrollment.	vritten notification from your insuring e monthly deductions from your bank hereof and to deposit any credits or and your bank receives timely written
	Mail to:	Fax number: 508-926-5438
Please mail or fax this completed form to:	The Hanover Insurance Company PO Box 15083 Worrester MA 01615-0083	rax number: 300-320-3438