



For Company Use Only:	V.5
System Entry	_____
Bank Entry	_____

### Electronic Funds (EFT) Authorization Agreement

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Enrollment Status:** New \_\_\_\_\_ Change \_\_\_\_\_ Delete \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Transit/Routing Number: |: \_\_\_\_\_:| (9 Digits)

Bank Account Number: \_\_\_\_\_

Bank Account Type: Checking \_\_\_\_\_ Savings \_\_\_\_\_

**IMPORTANT: FOR CHECKING, A VOIDED CHECK MUST ACCOMPANY THIS FORM. FOR SAVINGS, CONTACT YOUR BANK TO DETERMINE IF THIS ACCOUNT CAN BE USED. IF YES, ASK YOUR BANK FOR ITS ABA ROUTING NUMBER. IF NO ACCOMPANYING DOCUMENT FOR NUMBER VERIFICATION IS RECEIVED, THE EFT FUNCTION MAYBE DELAYED AND ANOTHER MEANS OF BILL PAYMENT REQUIRED.**

Policy Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

#### Deduction Authorization

I hereby request and authorize Patrons Oxford Insurance Company to make deductions from my bank account when payments are due on my policy. I agree that if a payment is rejected, the Bank shall have no liability even if the rejected payment results in the cancellation of my insurance policy. This authority is to remain in full force and effect until Patrons Oxford has received written notice from me of its termination in such time and in such manner as to afford Patrons Oxford a reasonable opportunity to act on it. I acknowledge that origination of EFT transactions to my account must comply with the provisions of U. S. law.

This information will be used by Patrons Oxford only for the processing of insurance premiums and will be kept strictly confidential.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail To: Patrons Insurance  
Attn: EFT  
PO Box 1960  
Auburn, ME 04211-1960

**PLEASE NOTE: If you currently have an outstanding bill, please mail in your payment. Your EFT enrollment will take effect when your invoice states "Thank you for being an EFT customer".**