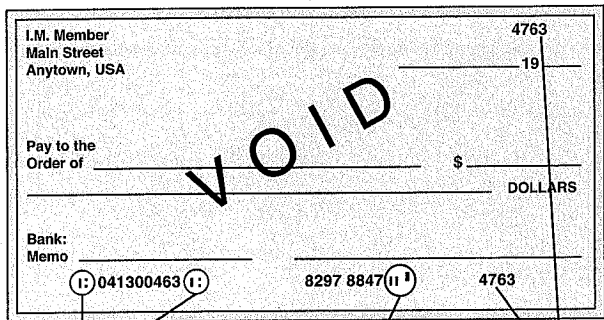


**SIGNING UP FOR EFT,
IS AS EASY AS 1... 2... 3...**

- 1** Complete and sign the attached authorization form...
- 2** Include a voided check from your checking account or a savings account deposit slip from your savings account that contains your routing number...
- 3** The authorization form and the voided check or savings deposit slip should be sent to Encompass at the address listed on the back...

Please see the example below to locate the necessary banking information from your personal checks.



9 Digit Routing Number
(Appears between these two symbols)

Account Number
(Appears before these symbols)

Check Number

**MASSACHUSETTS AUTOMOBILE
AUTHORIZATION AGREEMENT – EFT**

This form authorizes Encompass Insurance and its affiliates to make monthly electronic withdrawals from your checking or savings account. You must complete all spaces and sign the form at the bottom. Be sure to enclose a voided check or savings account deposit slip with the completed form.

- Check one: New Enrollment
 Change Enrollment
 Terminate Enrollment

Insured's Name: _____

Date: _____

Daytime Telephone Number: _____

Policy #, (if available): _____

Banking Information

Bank Name: _____

Bank Routing # _____

Account # _____

Type of Account Checking Savings

Preferred Date of Electronic Funds Transfer:

- 1st of the month 15th of the month

Terms of Agreement

I authorize Encompass, its affiliates and the financial institution designated to deduct payments from my account through electronic funds transfer. I have an account(s) at the financial institution listed on the voided check, copy of a canceled check or savings account withdrawal slip and for all debit entries have funds sufficient to pay such entries. Electronic debit entries shall be initiated by Encompass to pay premiums and other charges and fees, including, if applicable, any fee charged after the policy's termination effective date, for or associated with the above listed policies or other policies as authorized and the entries shall constitute my receipt for the transaction(s). No payment to Encompass shall be deemed to have been made unless and until Encompass receives actual credit. I also understand that if corrections of the entry are necessary, it may involve an adjustment to my account. I understand that each electronic payment of the bill amount will be debited on or after the payment date selected above. I authorize Encompass and its affiliates to begin deductions from my checking or savings account.

NOTE: Encompass Insurance and its affiliates reserve the right to refuse or terminate electronic payment services. This agreement will remain in effect until we terminate it or until we receive written notification from you requesting termination, allowing Encompass Insurance and the financial institution a reasonable amount of time to act upon the request.

Signature _____ Date _____

Detach Here