



**Electronic Funds Transfer (EFT)
Enrollment Form**

To sign up for EFT, complete the following information. List all Travelers policies you'd like to pay for using EFT and return this with a voided check or savings deposit slip.

Policy# _____ Policy# _____
Policy# _____ Policy# _____

Indicate the day of the month to deduct payment from your account (1st-28th only): _____

By completing the above, providing a voided check, and signing below, you are authorizing Travelers to initiate monthly deductions from your bank account identified on the enclosed check to pay for your Travelers insurance policy(ies) and any renewals thereof, and to deposit any credits/refunds into that account. When your signed enrollment is received, we will mail you a notice showing a schedule of your future deduction amounts and dates. **You should continue to make payments until you receive your notice.** Service charges may apply. Be assured that your bank controls the payment transaction, and that Travelers does not access your account directly in any way.

Signature: _____

Date: _____

Please send to:
Travelers Remittance Center
One Tower Square
Hartford, CT 06183-9003
Fax: 860-277-0396