

Acadia Insurance Company · Continental Western Insurance Company · Firemen's Insurance Company of Washington, D.C. · Tri-State Insurance Company of Minnesota · Union Insurance Company · Union Standard Lloyds

## Electronic Funds Transfer (EFT) Authorization Agreement

Berkley Southwest offers an EFT payment option that is efficient and convenient with no installment fees. The EFT pay plan allows your monthly premium payment to be automatically debited from your bank account once enrolled. The premium balance will be split equally over the policy term based on the enrollment date.

Follow these steps to enroll in our EFT program:

- Complete and sign the Authorization Form below. All fields must be completed.
- Continue making payments under your existing plan until you receive an EFT Change Notification from Berkley Southwest indicating the first withdrawal date.
- For questions, contact Billing at 800-955-0325, Option 7, Option 2 to speak to a representative.
- Return the signed document to your agent, or Billing@berkleysw.com.
   You may also fax to 888-722-1587 or mail to:
   Berkley Southwest Attn: Billing, PO Box 152180, Irving, TX 75015-2180

Insured Name:			
Insured Email:		Insured Phone:	
Agency Name:			
Policy Number(s):			
Bank Name :			
Bank Routing #:		_ Bank Account #:	
	(9 digits)	(include all leading zero	s)
	123456789 1	23456789123   1234	
	Routing Number	Account Check Number Number	

**NOTE:** Each month's withdrawal date will be the day your policy is effective. For example, if your policy is effective on January 1st, the payment will be withdrawn on the 1st of each month or the following business day. Discuss with Billing any issues with the date of withdrawal.

I authorize Berkley Southwest to initiate debits for premium due on the policies listed above. I may revoke this authorization by giving written notice to Berkley Southwest's Billing Department at <a href="mailto:billing@berkleysw.com">billing@berkleysw.com</a> at least 10 days in advance of a scheduled EFT withdrawal. Payment items returned from my bank for insufficient funds will result in removing my account from the EFT program and an NSF fee. I am responsible for notifying Berkley Southwest as soon as possible of any changes to my banking information.

Name printed:		
Bank Account Holder's Signature:	Date:	