

A FEW MINUTES CAN SAVE YOU MONEY!

EFT reduces direct bill installment fees, check fees and postage! Fill out the information below to start paying your bill by EFT. Or go to www.hanover.com/MHP to enroll and manage your EFT account. It only takes a few minutes and could save you a lot. Plus, don't forget to sign up for Paperless policy and billing documents.

BANK ACCOUNT HOLDER NAME AND ADDRESS

First Name: _____ Last Name: _____ Suffix: _____

OR

Company Name: _____

Email Address: _____ Phone #: _____

Address Line 1: _____

Address Line 2: _____

City, State, ZIP: _____

BANK ACCOUNT INFORMATION (Select one)

The information provided will be used by Hanover or Citizens for processing your payment and will be kept confidential.

Bank Name: _____

Personal Account – Checking Personal Account – Savings Business Account – Checking Business Account – Savings

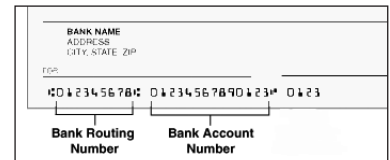
ABA/ACH Routing Number: _____

Checking or Savings Account Number: _____

Payment Plan*: Full Pay 2 Pay** 4 Pay
 10 Pay (CL/Specialty policies only) Monthly

*If no payment plan is indicated, your policy will be defaulted to a Monthly payment plan.

**Available in all states except RI.



(If no date is chosen, the withdrawal will automatically be made on the 10th of the month.)

Withdrawal Date: (select a day between the 1st and 28th) _____

Write the policy numbers of the policies you wish to enroll in the EFT program in the spaces below:

Policy #1: _____

Policy #2: _____

Policy #3: _____

Policy #4: _____

Billing Detail					
Policy Number and Details	Effective Date	Previously Billed	Current Amount Billed	Amount Due	
Personal Auto Policy ACA 1234567	12/16/15 12/16/16	\$0.00	\$3,346.00	\$3,346.00	
Home Policy HNA 1111111	12/16/15 12/16/16	\$0.00	\$2,452.00	\$2,452.00	
			Total Amount Due:	\$5,798.00	

DEDUCTION AUTHORIZATION

By signing below, you are enrolling in The Hanover Insurance Company ("Hanover") and Citizens Insurance Company of America ("Citizens") Electronic Funds Transfer ("EFT") Payment Program to pay your insurance premium. You authorize the Hanover or Citizens, as applicable, to initiate withdrawals from the bank account provided above to pay the premiums for the indicated policy(ies) and any renewals thereof. The enrollment will become effective when you receive written confirmation from your insuring Hanover or Citizens company. Any overpayment or refunds of the paid premiums may be returned to the bank account. This authorization will remain in effect until your insuring Hanover or Citizens company and your bank receives a written notice of termination from you and a reasonable time to cancel your enrollment. The information provided in this form will be used by The Hanover or Citizens to process your premium payment and will be kept confidential. We may also use the email address provided to communicate with you periodically about your policy or other Hanover offerings and services. If you fail to provide a date for your EFT withdrawal, you agree for the payment to be made on the 10th of the month in which it's due. Please note all payments returned for insufficient funds or closed account will be assessed a fee. If your EFT payment is dishonored by your bank due to lack of funds or for any other reason, we may terminate your EFT enrollment. Any amount you owe shall not be waived by termination of your EFT enrollment. Implementing your EFT request may take up to 30 days. Please continue to make scheduled direct bill payments to avoid an interruption in coverage until you receive a written notice of EFT enrollment confirmation in the mail.

Account holder's signature _____ Date _____

Mail to: The Hanover Insurance Company, PO Box 15083, Worcester, MA 01653-0083

Email: hanovereft@hanover.com | Fax number: 508-926-5438

If this fax or email has been received in error, please forward it to 508-926-5438

or email it to hanovereft@hanover.com and destroy all copies