



Since 1828<sup>®</sup>

**VERMONT MUTUAL INSURANCE GROUP<sup>®</sup>**  
**Electronic Funds Transfer (EFT)**

Payment Plan Option: Enrollment

Please complete the Personal information below

Name \_\_\_\_\_  
 Address 1 \_\_\_\_\_  
 Address 2 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

Please list the Policy/Account Number(s) that you would like to pay through EFT.



**VERMONT MUTUAL INSURANCE COMPANY**  
 PO Box 119, Brattleboro, VT 05302-0119  
 Email: directbill@vermontmutual.com  
 Website: www.vermontmutual.com

Invoice Date: 05/24/2007  
 Policy/Account Number can be found here on the invoice  
 Policy Number: Homeowners Example  
 Policy Type: Homeowners Example  
 Policy Period: 06/28/2007 - 06/28/2008

\* The policy number(s) listed above may be changed by the company at issuance or renewal.

**Banking Information**

Withdrawal Date \_\_\_\_\_ [ ] 1st or [ ] 15th  
 Account Holder Name \_\_\_\_\_  
 Name of Financial Institution \_\_\_\_\_  
 Bank Transit/Routing Number \_\_\_\_\_  
 Select One [ ] Checking - Please include a voided check [ ] Savings - Please include a deposit ticket  
 Checking/Savings Account Number \_\_\_\_\_

Memo _____		
⑈080989430⑈	0014409843⑈	1436
Routing Transit Number Example	Account Number Example	

Mail your request to:  
 EFT Department  
 PO Box 188  
 Montpelier, VT 05601-0188

Signature of Account Holder \_\_\_\_\_ Date \_\_\_\_\_

**Terms & Conditions:**

I hereby request and authorize Vermont Mutual Insurance Group<sup>®</sup> to debit/credit my bank account as payments for my account/policy number(s) become due. I understand that the amount deducted from my account could vary due to changes in my insurance coverage and that Vermont Mutual Insurance Group<sup>®</sup> will send me a written notice if my deduction amount changes. I agree that if a debit/credit is dishonored, the bank shall have no liability even if the dishonored debit/credit results in the forfeiture of insurance. This authority is to remain in full force until Vermont Mutual Insurance Group<sup>®</sup> and the above named bank have received written notice from me of its termination. No payment to Vermont Mutual shall be deemed to have been made unless and until Vermont Mutual receives actual credit.

**Disclaimer:**

Vermont Mutual Insurance Group<sup>®</sup> has the right to deny eligibility to this enrollment request or to discontinue the use of this enrollment if your account/policy number(s) are not in good standing or if there are insufficient funds on the scheduled withdrawal date. A letter of rejection regarding this agreement will be sent to you if you are not eligible or if you become ineligible.