

Electronic Funds Transfer (EFT) Enrollment Form

<i>y</i> , , , ,	is with a voided check or savings deposit slip.
Policy#	Policy#
Policy#	Policy#Policy#
Indicate the day of the month to	deduct payment from your account (1st-28th only):
Travelers to initiate monthly dec check to pay for your Travelers any credits/refunds into that acc a notice showing a schedule of continue to make payments u	ding a voided check, and signing below, you are authorizing ductions from your bank account identified on the enclosed insurance policy(ies) and any renewals thereof, and to deposit count. When your signed enrollment is received, we will mail your future deduction amounts and dates. You should until you receive your notice. Service charges may apply. Be the payment transaction, and that Travelers does not access y.
Signature:	Date:

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