Electronic Funds Transfer (EFT) Authorization Form For The Hartford – Direct Bill

EFT — The easy way to pay your insurance premium

When you select The Hartford's Electronic Funds Transfer (EFT) program for your insurance payments, you are making the smart choice. With EFT, you're choosing the convenience and security of automatic electronic payment withdrawals — not to mention freedom from the hassle and worry about checks, postage, late payments, or even a lapse in your valuable insurance coverage.

The Hartford's EFT program authorizes a regular withdrawal from your designated checking or savings account. It works with your current payment plan so you will still receive the full service you appreciate. As part of our service, we will send you an Electronic Withdrawal Notice that contains all the critical information you need to know about your upcoming automatic withdrawal, including the "withdrawal date" and the "withdrawal amount". Just call us at the toll-free number displayed on the Electronic Withdrawal Notice if there is any discrepancy with the information contained on the notice.

If you are not currently participating in The Hartford's EFT program, just take a few minutes to fill in the following information and fax this form to 1-888-841-5611. Or, you may call our toll-free Customer Service number at 1-866-467-8730 to get started. You will be prompted to select "2" for Payment or Billing Account Information, and then select the prompt to sign up for EFT. You will be connected with one of our Customer Service Representatives who will obtain your bank account information and complete the sign-up process for you. It's as simple as that.

Thousands of customers have already said 'Yes!' to EFT. So go ahead, make the smart move now and start enjoying the peace of mind you deserve.

Customer Information	Bank Information
Business Name	Name(s) on Bank Account
Telephone	Account Number ☐ Checking: ☐ Savings:
Policy / Account Number	ABA # (The 9 digits on your check to the left of the account #)
Check here to pay your current bill electronically. We will withdraw the "minimum due amount" on the most recent invoice we have sent to you.	
I/We authorize Hartford Fire Insurance Company and its affiliated companies (hereinafter called The Hartford), to initiate debit entries (withdrawals from) and to initiate, if necessary, credit entries (deposits to) and adjustments for any debit entries in error to my (our) account indicated above and the depository named above (hereinafter called Depository) to debit and/or credit the same to such account. This authorization is to remain in full force and effect until its termination in such time and in such manner as to afford The Hartford and Depository a reasonable opportunity to act on it.	
Signature(s)	Mailing Address
The second secon	

