

Electronic Funds Transfer (EFT)



Enjoy Savings & Convenience with EFT!
NO SERVICE FEES
NO MAILING OR POSTAGE
NO MORE MONTHLY BILLING STATEMENTS

How EFT Works

1. Your **premium** is divided into **equal installments**. The premium amount will be withdrawn directly from your bank account each month. The payment date is based on the effective date of the policy.
2. **Continue to pay any paper billing notices until you receive a confirmation letter along with your EFT payment schedule. If the payment amount changes for any reason, you will receive a new schedule of payments prior to the change.**
3. The EFT Payment Option is the most convenient way to pay your insurance premium. To begin using EFT, simply complete the form below, and return to our office by mail, fax or email.

Agency Contact Name: _____

Agency Email: _____

ENROLLMENT FORM - Please Print Clearly

Policy Number:	Named Insured:
Name of Applicant: (if other than insured)	Daytime Telephone:
For notification, please provide an Email:	
Privacy of Information Your account information will only be used for payment on the policy number specified. Your information is not shared with anyone except the financial institution we process electronic transactions through.	
<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> Your Financial Institution ■ : 012345678 : ■ 0000 2345 6789 1001 </div> <div style="margin-top: 5px; font-size: small; color: red;"> <i>Routing Number.</i> Always 9 digits between the ■ symbols. <i>Account Number.</i> Up to 17 digits. Don't include the check number that matches the number in the upper right of the check. </div>	
Bank Routing #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Must be 9-Digits	Bank Account #: <input style="width: 100%;" type="text"/>
Name of Bank:	Payment Withdrawal Date: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <small>Withdrawal date defaults to the policy effective date. You may choose an alternate date, up to 13 days beyond the default date.</small>
ELECTRONIC FUNDS TRANSFER AUTHORIZATION	
Please read the following and authorize Grange Insurance Association to enroll you in the EFT Payment Option. <input type="checkbox"/> I would like to enroll in the EFT Payment Option for my Policy . I understand monthly payments will be withdrawn from my checking or savings account on the payment due date. Withdrawals that cannot be made could result in the termination of my EFT privileges. Items returned by the bank will generate a \$25 fee .	
Authorized Signature	Date
Notice of at least 3 business days must be given to cancel a scheduled withdrawal.	

RETAIN A COPY FOR YOUR RECORDS

Grange Insurance Association
 200 Cedar Street | Seattle WA 98121 | ☎800-414-5550

Email: eft@grange.com or Toll Free Fax: 888-332-9253