



**VERMONT MUTUAL INSURANCE GROUP®**  
**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 113, Brattleboro, VT 05302-0113  
 Email - directbill@vermontmutual.com  
 Website - www.vermontmutual.com

Invoice Date: 05/24/2007  
 Policy Number: Policy/Account Number can be found here on the invoice  
 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

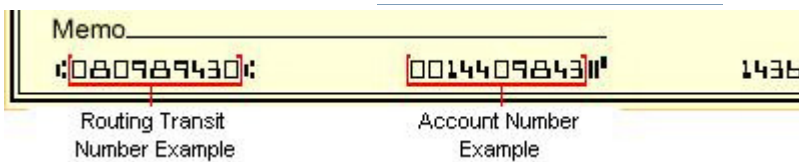
Account Holder Name

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



**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® 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® 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® 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® 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.