



CRUM & FORSTER®

A FAIRFAX COMPANY

ELECTRONIC FUND TRANSFER PAYMENT FORM

Please check one and indicate the name below:

☐ Insured

☐ Alternate Bill to Party

Name: _____

Policy No: _____

Please deduct payments from my account on or after the _____ day of the month.
(Note: If the date chosen is either the 29th, 30th and 31st, the actual deduction will occur on the 1st of the following month.)

Please deduct payments from my checking account.
Attach voided check below.

I authorize **US Fire Insurance Company**, or any of its subsidiaries or affiliates, to initiate deductions from my bank account when payments are due from my Crum & Forster policy. I authorize the financial institution on my voided check to accept deduction initiated by US Fire Insurance Company. I certify that I am the account holder and an authorized signer on this account. I agree that Crum & Forster will charge a \$25.00 fee if the deduction is returned and not honored by my financial institution. This authorization is valid and is to remain in force until revoked by me in writing at least 20 (twenty) days before the next deduction date.

Signed: _____
(Checking Account Authorized Signer)

Date: _____

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