



Please complete this form in its entirety to ensure quick processing of your EFT application. Then refer to reverse side for further instructions.

Print all information in ink.

Named Insured(s) as listed on your Harleysville policy(ies) _____

Harleysville Insurance account number (if applicable) _____

If you do not have an account, list the numbers of the individual policies you wish to include under EFT

Pay Plan—Select a pay plan based on the options shown on the enclosed invoice. **Selecting a plan that is not available to you will delay your EFT processing.**

1-pay 2-pay 4-pay 9- or 10-pay (Varies by state and by special product availability) 12-pay

Authorization Agreement for Electronic Funds Transfer

Name(s) as appearing on account from which EFT payments will be withdrawn

Bank/financial institution name _____

Branch location _____

City _____ State _____ Zip _____

Account number _____ Routing number |: _____|:

See illustration on back if you are unsure about your account and routing numbers.

Type of account (check one): Checking account Savings account Money market account

I (we) request and hereby authorize my (our) financial institution to pay and charge my (our) designated account for the payment of premiums on the policies listed on this form, to the order of Harleysville Insurance, without personal signature of me (us), or for a business account, any person employed by the Company. Your rights to such payments shall be as though they were signed by me (us). This authority continues until I (we) notify you in writing to the contrary, and until you or my (our) financial institution receives such notice, I (we) agree that you shall be fully protected in honoring such payments. If any such payments are dishonored, except as the result of an error by my (our) financial institution or by the Company, this arrangement may be terminated.

Signature of authorized account holder

Title of authorized account holder (if business account)

Signature of co-account holder (if joint account)

Date

Mailing your EFT application

1. Enclose a check for the amount due as indicated on your invoice.

If you're a new customer, please enclose a check for your initial premium payment. For renewals, enclose a check for either the full amount due or your first installment as shown on your premium invoice.

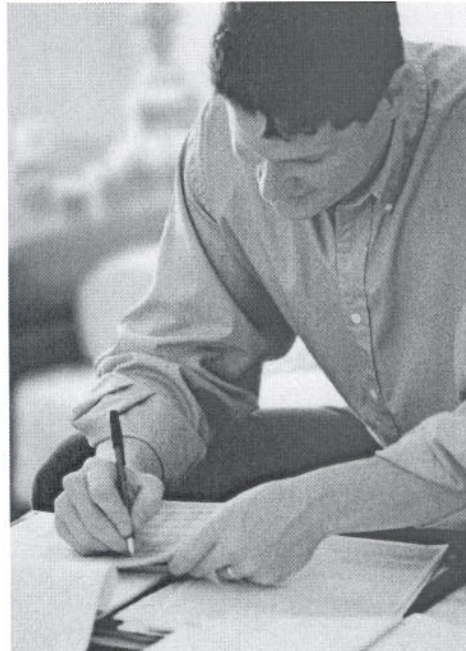
Please note that any other premium invoices you receive from us prior to your first EFT notice of withdrawal must be paid by check and submitted to us by the due date.

2. Enclose a blank check marked VOID or a blank deposit slip showing account numbers.

3. Mail your completed application form, check or deposit slip and initial premium in the enclosed pre-addressed envelope.

If you misplaced the envelope, mail to:

Harleysville Insurance Processing Center, 355 Maple Avenue, Harleysville PA 19441-0002.



If you have any questions, please contact your independent agent or call our service center at 800.338.8301.

