



ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

Chubb Group of Insurance Companies
202 Hall's Mill Road
Whitehouse Station, New Jersey 08889
Attn: EFT Department

This form authorizes Chubb Group of Insurance Companies to make electronic payment withdrawals from your checking or savings account. The Policyholder's bank or depository institution will need to be a member of the Automated Clearing House (ACH) Network in order to utilize EFT transactions. Brokerage Accounts cannot be used.

Please pay your current premium installment, and submit this EFT authorization form for future premium payments to Chubb for processing. You will receive a notice from Chubb once the EFT authorization has been activated. Please return the completed form to:

Chubb & Son, 202 Hall's Mill Road, Whitehouse Station, NJ 08889, Attn: EFT Department

I want to: Sign-up/Change EFT Information Cancel EFT Service

Policyholder Name(s): _____

Billing Account or Policy Number(s): _____

Email Address: _____

Please select a payment option:

Deduct the minimum amount due on the due date of the bill or Select a Deduction date (1st – 28th only) to pay the minimum amount due on the due date of the bill

Deduct the full amount due on the due date of the bill

Please note that all applicable billing charges and fees will apply as stated on each billing invoice. If you have selected a particular date each month to deduct payment, actual funds may be drawn on the day selected or within a few days after to keep the billing cycle current.

Name of Bank/Depository Institution: _____

Bank Account Holder Name(s): _____

Bank Routing/ABA Number (1st nine digits on bottom left of check): _____

Bank Account Number: _____

Bank Account Type:(Please Circle One): Personal Savings, Personal Checking, Commercial Checking, Money Market

**Form must be completed in its entirety. An incomplete form could result in a delay in processing your request.*

DEDUCTION AUTHORIZATION AGREEMENT

I hereby request and authorize Chubb & Son, a division of Federal Insurance Company, as manager for the designated Writing Company (hereinafter "the Company") to initiate electronic or other commercially accepted-type debits against the indicated bank account at the bank named above for the payment of premiums and other indicated charges due on the policies listed and any renewals or replacement of the listed policies. I further authorize the Company to deposit credits/refunds, if any, into my account. I hereby agree to indemnify and hold the Company harmless from any loss, claim, or liability of any kind by reason or dishonor of any debit. I understand that the Company may cancel the listed insurance policies for nonpayment of premium as allowed by law. I agree that this Authorization is to remain in full force until revoked by me or the Company in writing and until the Company and the above named bank each have a reasonable opportunity to act on the revocation. This request must be dated and signed in ink by the person who is the Policyholder and/or Bank Account Holder as his/her name appears on bank records for the account listed on this Authorization. By signing this authorization, I acknowledge that I have read and agree to the conditions set forth in this agreement.

Authorized Signature

Date

Important: An original voided check is required to activate this service.