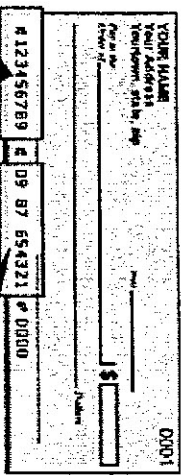


Insured Name: _____ Policy Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone Number: (____) _____ Email address: _____



Bank/Transit Routing No. _____ **Bank/Checking Account No.** _____

Depository / Bank Name: _____

Depository / Bank Address: _____

Account Holder Name: _____

I'm already enrolled with Premier EFT and I'm changing my deduction date.

Please select a deduction date. Funds will be withdrawn from your account each month on this date. Please check one box only.

the 1st of each month

the 15th of each month

Checking Account

Savings Account

I hereby authorize The Premier Insurance Company of Massachusetts ("COMPANY") to initiate debit entries to my account indicated above, maintained at the above-named depository financial institution ("DEPOSITORY"), and to debit the same to such account. I acknowledge that this authorization is to be used by COMPANY to debit such amounts as may be required to pay insurance premium due from me to COMPANY and that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I understand and agree that the DEPOSITORY will not be liable for any payment that may not be honored, intentionally or inadvertently, even if such action results in forfeiture of insurance.

This authorization is to remain in full force and effect until COMPANY has received written notice from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act upon it. By signing this authorization, I acknowledge that I have read and agree to the conditions set forth in this agreement.

Signature of Account Holder _____ Date _____