



EFT is fast, easy & convenient!

Electronic Funds Transfer (EFT) Change Form

Please fill out the form below only for changes to your current Merchants Insurance Group EFT Information.

Reason for Submission: Change Financial Institution Information Discontinue EFT

Merchants Policy #: _____

Insured Name: _____

Insured Telephone Number: ___ ___ - ___ ___ - ___ ___

Name of Financial Institution: _____

Type of Account: Checking Savings

Type of Account: Personal Business

Name on Financial Institution Account: _____

Financial Institution ABA or Routing #: _____

Financial Institution Account #: _____

EFT Withdrawal Day (Please enter day 1 through 28): _____

I have authorized Merchants Insurance Group to change my enrollment in their recurring EFT payment program.

Insured Signature: _____ Date: _____

Please complete the form and either fax to 716-849-3377 or mail to:

Merchants Insurance Group
P.O. Box 4031
Buffalo, NY 14240-4031