



The Cincinnati Insurance Company
P.O. Box 145496, Cincinnati, Ohio 45250-5496

INSURED ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I, the undersigned, hereby authorize The Cincinnati Insurance Company (hereinafter, "CIC") to make withdrawal(s) by automatic debit entry on my account for the purpose of paying premiums for the policy number or numbers indicated below, including any subsequent renewal or replacement policy.

_____ I choose a one-time EFT withdrawal

_____ I choose Automatic EFT withdrawals

INSURED'S NAME AND MAILING ADDRESS:

POLICY NUMBER(S) (Excluding Prefix):

CIC is authorized to use automatic debit entry to make withdrawal(s) on the account indicated below:

_____ SAVINGS ACCOUNT
_____ CHECKING ACCOUNT

_____ (Bank Account Number)

_____ (Routing Number)

_____ (Name of Bank and Name of Branch, if any)

_____ (Address of Bank or Branch)

IF YOU WOULD LIKE FUNDS TO BE WITHDRAWN FROM YOUR CHECKING ACCOUNT, PLEASE INCLUDE A VOIDED SAMPLE CHECK FROM YOUR ACCOUNT.

By signing below, I agree that:

- CIC may withdraw money from the account listed above.
- I must have enough money in my account to pay the premium before a withdrawal is made.
- A service charge will be added to my installment for premium payments returned due to Non-Sufficient Funds for a policy, either by a personal check or electronic funds transfer.

If choosing Automatic EFT withdrawals, I also agree that:

- **Notice of Varying Amounts:** If these regular payments will vary in amount, CIC will send me a billing statement to the above address approximately 15 days before a withdrawal.
- CIC may make a withdrawal prior to the policy effective date or installment date, but will always notify me on my billing statement.
- This agreement shall remain in effect unless it is cancelled by CIC or my financial institution, or I withdraw this Authorization in writing.
- To cancel this agreement, I must send notice of cancellation in writing and allow 30 days to process my request.

_____ (Name of Policyholder)

X _____ (Signature of Policyholder)

_____ (Date)

- Upon completion of this form, please return it to your agent •