

Electronic Funds Transfer

Now Available for BMAG Policyholders!

Berkley Mid-Atlantic Insurance Group is excited to offer an **EFT Payment Option** for Direct Bill policies.

What You Need To Know

- **There are NO monthly installment fees.**
- **Sign up is easy** — Just complete the attached 'Electronic Funds Transfer Authorization Agreement and email to DBEFT@WRBMAG.COM OR Mail to:

Berkley Mid-Atlantic Insurance Group
Attn: Billing Department
4820 Lake Brook Drive, Suite 25
Glen Allen, VA 23060

- **Select the 1st or the 15th of the month as the withdrawal date** — Continue to make payments until receipt of an **EFT Change Notification** from BMAG through the mail. This will notify you of the first withdrawal date. Once you are set up, the EFT pay plan automatically drafts your monthly premium payment from your bank account on the selected date or the following business day.
- **You will NOT receive a monthly bill.** — You will only receive another EFT Change Notification if the amount of your monthly draft changes.
- **For change requests** — provide us with 10 days notice “prior to” withdrawal.
- **Policy audits will automatically be withdrawn** — at the next withdrawal date.
- **No need to reregister at renewal** — unless you have changed banks or closed the bank account we have on record.

Have Questions?
Contact our Account Service Representatives

Monday-Friday from 8:00 am to 4:30 pm EST
1-855-835-5393, Option 1



Insuring the Future of Business®
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Acadia Insurance Company • Continental Western Insurance Company • Firemen's Insurance Company of Washington, D.C. • Tri-State Company of Minnesota • Union Insurance Company

ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT



| a Berkley Company

- New Business
- Renewal
- Changing Bank Account

Business/DBA Name/First Name Insured		BMAG Account Number
Address		
City	State	Zip
Business Phone	Secondary Phone	

I hereby authorize and request Berkley Mid-Atlantic Group (hereinafter called "Company"), to initiate electronic ACH debit (or credit) entries to my account with the financial institution named below. I authorize and request my financial institution to accept any debit entries initiated by Company to this account and to debit the same to this account without responsibility for the correctness thereof. If the Company erroneously debited (or credited) funds to or from my account, I authorize the Company to initiate the necessary reversing credit (or debit) entry not to exceed the total of the original amount debited (or credited) for the entry in question. I acknowledge that the origination of ACH transfers to or from my account must comply with the provisions of U.S. Law and the Rules of the National Automated Clearing House Association

Name of Financial Institution		
Routing Number	Account Number	* If a credit union account, Member Identification Number
This account is a: <input type="checkbox"/> Checking Account (attach voided check) <input type="checkbox"/> Savings Account (attach deposit ticket)		
I would prefer payments be withdrawn on: <input type="checkbox"/> 1st of the Month <input type="checkbox"/> 15th of the Month		

It is understood that this agreement may be terminated by me at any time by written notification to Berkley Mid-Atlantic Group or my financial institution. Termination shall be effective after receipt of such notification and a reasonable time to act on it.

Customer Signature	Date
▶	
Account Holder's Signature (if other than customer)	Date
▶	

Please attach a copy of your VOIDED check here.

The Payor name on your voided check MUST be only a Business Name, DBA Name, or First Named Insured.

(If form is completed electronically, please attach a scan of voided check.)

The completed and signed form can be returned via email to DBEFT@wrbmag.com or mail to:

Berkley Insurance Company
Attn: Billing Department
4820 Lake Brook Drive, Suite 250
Glen Allen, VA 23060



a Berkley Company