

**THE NORFOLK & DEDHAM GROUP®  
ELECTRONIC DEBIT PROGRAM (EDP) FACTS**

**What is The N&D Group's® EDP Plan?**

The N&D Group's® EDP Plan is an easy to use payment plan which allows you to automatically have your insurance premiums directly paid from your checking or savings account.

**Why would I want to pay my premiums through The N&D Group's® EDP Plan?**

You will never have to worry about making an insurance payment again. There will be no need for you to write a check, stamp and mail a payment!

By using our EDP plan, you will save time, money and most importantly, never need to worry if your payment has been made.

**Is it safe to let someone take money out of my bank?**

There is no need for you to be concerned. You decide when to have the payment taken out of your account. If your premiums change by more than \$2.00, we will notify you before a payment is withdrawn.

**What other advantages are there to using The N&D Group's® EDP Plan?**

- ▶ You are able to spread your premium payments over ten equal payments.
  - 10% down for the first installment.
  - 10% for the remaining 9 installments.
- ▶ You decide on the day of the month for your withdrawal.
- ▶ You know the correct amount was paid and your bank statement will confirm the date that payment was sent.
- ▶ Because you know that a payment withdrawal will be made you will never have to worry about a forgotten or lost payment.
- ▶ Your insurance policy remains in force and your property and valuables will remain protected.
- ▶ There is no service charge, which results in significant cost savings over other plans.

**How do I join The N&D Group's® EDP Plan today?**

1. Complete and sign the Authorization Agreement.
2. Include a voided check or copy of your bank statement from the account you wish the payment withdrawal to be made.
3. Mail the voided check or copy of your bank statement with your Authorization Agreement to The N&D Group®.

Please note: If an application is received mid-term, we will adjust the number of installments so that the number of payments fall within the policy term.

**Reminders:**

Please notify us of any changes to your bank or bank accounts we are withdrawing from. This will prevent any disruptions in the payment of your insurance premiums.

If there are insufficient funds to cover your EDP withdrawal, a Notice of Cancellation will be issued requiring a bank check or money order, and an insufficient fund fee will apply. Fee amount varies by state.

Withdrawal will take place on the earlier of the selected withdrawal date or the last business day of the month.

AC EFT (05 12)

Norfolk & Dedham Mutual Fire Insurance Co.    Dorchester Mutual Insurance Co.    Fitchburg Mutual Insurance Co.

**ELECTRONIC DEBIT PROGRAM (EDP) - AUTHORIZATION**

Please complete the following and mail to the home office address listed below:

Policyholder Name _____	Policy # _____	W/draw Date _____
Tel. # _____	Policy # _____	W/draw Date _____
Email _____	Policy # _____	W/draw Date _____
	Policy # _____	W/draw Date _____

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

Nine digit routing # (found bottom left of check)

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Account # (found bottom center of check)

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**SAMPLE CHECK**

ND GROUP Policyholder Address	Check # Date
Pay to the order: _____ \$	
	Dollars
Bank Name	Signature _____
123456789	12345678      000
Nine digit routing #	Account #      Check #
▲	▲      ▲

**WE HAVE EXTENDED OUR  
EDP PROGRAM TO INCLUDE  
SAVINGS ACCOUNTS!**

Please enter your savings account and routing numbers into the boxes on the left and attach a copy of your statement.

Your account number should be on your bank statement, you may need to contact your bank for your routing number.

By signing this agreement, I hereby authorize my bank to honor The Norfolk & Dedham Group® electronic debit request for my insurance premium for the above listed policy(s). I understand that I can stop or change my electronic debit authorization by sending written notice, including effective date of change to The Norfolk & Dedham Group® at 222 Ames St. P.O. Box 9109, Dedham, MA 02027-9109. This authorization is to remain in force and effective until The Norfolk & Dedham Group® has received such notification at least 3 days prior to the next scheduled deduction.

I understand that the amount deducted from my account could vary due to changes in my insurance coverage, and that The Norfolk & Dedham Group® will send me a written notice if my deduction amount changes by more than \$2.00. **Attach voided check and send this form to: The Norfolk & Dedham Group® 222 Ames St., PO Box 9109 Dedham, MA 02027.**

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date AC EFT (05 12)