

# XactPay® Workers' Compensation Policy #:

## XactPay® Service and Electronic Funds Transfer (EFT) Authorization Form

When your business selects The Hartford's XactPay® program for workers' compensation insurance payments, your organization is making the smart choice. Because with XactPay®, your organization is choosing the convenience and security of automatic electronic variable payment withdrawals. Not to mention freedom from the hassle and worry about checks or postage.

Participation in The Hartford's XactPay® program authorizes a variable withdrawal from your business's designated checking account for workers' compensation insurance premiums. It works right with your organization's current payroll processing procedures, so your organization will still receive the full service you appreciate.

**Please take a few minutes to fill in the following information and FAX to 877-538-1130.**

Customer Information	Bank Information
Business Name: _____	Bank Name: _____
Address: _____	Address: _____
City: _____ State: _____ ZIP: _____	City: _____ State: _____ ZIP: _____
Telephone: _____	Name(s) on Commercial Bank Account: _____
<b>FEIN:</b> _____ (Federal Employer Identification Number)	Commercial Checking Account Number: _____
e-mail address: _____	ABA Routing Number: _____
Fax number: _____	<b>(The 9 digits on your check to the left of the account #).</b>
Authorized Representatives for Banking Purposes: _____ _____	<i>(Please attach a voided check or a photocopy)</i>

### **XACTPAY® SERVICE AND EFT AUTHORIZATION**

The undersigned are authorized representatives of the business named above ("Company") and agree as follows:

- (A) Company agrees and warrants that the bank account identified above was not established primarily for personal, family or household purposes;
- (B) The Hartford Fire Insurance Company and its affiliated companies (hereinafter called "The Hartford") are hereby authorized to receive and utilize all of Company's confidential payroll data and information, including confidential information concerning our employees, whether given to The Hartford directly or through Company's authorized payroll provider (the "Payroll Provider");
- (C) The Hartford shall determine Company's workers' compensation premium for each payroll period based upon Company's payroll data provided to The Hartford by the Payroll Provider, which premiums (together with any related fees or other costs) shall be paid by Company via Electronic Fund Transfer immediately following the end of each payroll period. Company acknowledges and agrees that the amount of the premium may vary in amount each time Company's account is debited. Prior notice of the amount of each Electronic Funds Transfer shall not be provided by The Hartford unless requested in writing by Company;
- (D) The Hartford is hereby authorized to initiate debit entries (withdrawals from) and to initiate, if necessary, credit entries (deposits to) to Company's bank account identified above, including any adjustments as determined by The Hartford to be necessary. The bank depository named above (hereinafter called "Depository") is hereby authorized to debit and/or credit the same to such account. I/we understand and agree that the debit entries made pursuant to this authorization may vary from period to period and may include any amounts collectible by The Hartford from us in connection with The Hartford's insurance contracts issued to Company;
- (E) If there are insufficient funds at the time of a debit entry to the business account, The Hartford may cancel our insurance policy(ies) that are the subject of this authorization, subject to compliance with applicable state law;
- (F) In the event that contractual relationship between the Payroll Provider and The Hartford is terminated, The Hartford is hereby authorized to immediately cancel and, subject to The Hartford's applicable underwriting guidelines, rewrite the policy(ies) that are the subject of this authorization on a direct bill basis; and
- (G) This authorization is to remain in full force and effect until The Hartford has received written notice from an authorized Company representative of its termination in such time and in such manner as to afford The Hartford and Depository a reasonable opportunity to act on it.

#### **Signature(s) and Titles of Authorized Company Representatives:**

Sign here: \_\_\_\_\_

Sign here: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Policy Number: Policy Number:**

*Attach voided check Here*