



**Automatic Monthly Payments  
Enrollment Form**

To sign up for Automatic Monthly Payments, complete the following information. List all Travelers policies you'd like to pay for through Automatic Monthly Payments and return this with a voided check or savings deposit slip.

Policy# \_\_\_\_\_ Policy# \_\_\_\_\_  
Policy# \_\_\_\_\_ Policy# \_\_\_\_\_

Indicate the day of the month to deduct payment from your account (1st-28th only): \_\_\_\_\_

By completing the above, providing a voided check, and signing below, you are authorizing Travelers to initiate monthly deductions from your bank account identified on the enclosed check to pay for your Travelers insurance policy(ies) and any renewals thereof, and to deposit any credits/refunds into that account. When your signed enrollment is received, we will mail you a notice showing a schedule of your future deduction amounts and dates. You should continue to make payments until you receive your notice. Service charges may apply. Be assured that your bank controls the payment transaction, and that Travelers does not access your account directly in any way.

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

**Please send to:**  
Travelers Remittance Center  
One Tower Square  
Hartford, CT 06183-9003  
Fax: 860-954-1941