

Electronic Fund Transfer Setup **Cincinnati Insurance Company**

You will need the following items to complete:

- Writable EFT Form
- Electronic Image of a Voided Check
- Policy Number(s) and Account Number (PLEASE MAKE SURE TO INCLUDE ALL POLICIES)
- Bank Checking Account and Routing Number

All EFT setup is completed via email to Cincinnati. The email **must** include the EFT Form, and Voided Check.

TO SET UP:

Step One: Voided Check

- Take an image of a voided check to include in the email. We have included a form that you may use to tape the check to. *(PDF format is best)*

Step Two: EFT Form

- Fill out the writable EFT form *(or print it and hand write the information)*
 - Insured's Name and Mailing Address
 - Policy Number(s) and Account Number
 - Click savings account or checking account
 - Bank Checking Account Number and Routing Number
 - Bank Name & Address
- After completing the form, PRINT THE FORM > **SIGN & DATE the bottom of the form**

Step Three: Send an email to Cincinnati

- Send an email to Directbill_accounting@cinfin.com *(Note: The email address has a _ in the email address. That's why it looks like a space.)*
- Carbon Copy: scain@thesouthernagency.com (so we can update your file)
- Email Subject Line: EFT Setup for [Your Company Name and Policy Number(s) and Account Number]
- **Include Attachments**
 - **Image of Voided Check**
 - **EFT form that has been filled out, signed and dated**
- In the body of the email ask for a confirmation receipt when accepted and processed. (Recommended but not required. They will not send a receipt unless you ask for it.)
- Click High Importance option from your Outlook options (recommended but not required)

Cincinnati's Billing Department number is:

- 1-888-242-0888

If you have any trouble with the EFT setup, or have a question regarding your billing account, please contact the Billing Department's number listed above.

IMPORTANT!

Premiums must be paid on time; therefore, we strongly advise you to follow up within several days with Cincinnati's Billing Department with the number provided above. By contacting Cincinnati's Billing Department, they can confirm the EFT has been processed to your satisfaction and answer any of your billing questions.

Thank you for allowing us to serve you!



Statement Prepared On: 01/01/2019

Questions regarding your insurance coverage:

The Southern Agency, Inc. (41154)
(423)763-1111

Statement – Premium Due

CINCINNATI POLICYHOLDER NAME GOES HERE
1234 MAIN STREET
ANYTOWN, ST 12345

Questions regarding your statement:

Cincinnati Corporate Billing
877-942-2455, *CinciBill@cinfin.com*
Monday-Friday, 7:30 a.m.- 6 p.m. Eastern Time
Saturday, 8 a.m.- noon Eastern Time

YOU CAN LOCATE YOUR POLICY NUMBER(S) AND ACCOUNT NUMBER ON YOUR STATEMENT. PLEASE INCLUDE EACH POLICY NUMBER AND YOUR ACCOUNT NUMBER ON THE EFT AUTHORIZATION FORM ATTACHED (WHERE THE POLICY NUMBER(S) ARE REQUESTED). IF YOU NEED ASSISTANCE WITH YOUR POLICY NUMBER(S) OR ACCOUNT NUMBER, PLEASE CALL THE SOUTHERN AGENCY AT 423-763-1111 OR CINCINNATI'S BILLING DEPARTMENT AT 800-364-3400.

Amount Due:	\$1,000.00
Due Date:	01/25/2019

Account Number: 1234567890
Policy Number(s) with Premium Due:
1234567 & 7654321

Pay Online or by Phone:	<i>cinfin.com</i> 800-364-3400 Payments may be made by checking, savings or credit card. We accept Visa®, MasterCard®, Discover®, and American Express® cards. Payments confirmed prior to 3 p.m. Eastern Time are applied the same business day, Monday-Friday, excluding bank holidays.
Payment Address:	The Cincinnati Insurance Company P.O. Box 145620 Cincinnati, OH 45250 - 5620
Overnight Payment Address:	The Cincinnati Insurance Company Attention: Corporate Accounts Receivable 6200 South Gilmore Road Fairfield, OH 45014 - 5141

SAMPLE STATEMENT

----- **Please detach and return the remittance stub below with your payment.** -----

Make check payable to: **THE CINCINNATI INSURANCE COMPANY.** *Please include your account number on the check.
Do not send cash. If paying multiple accounts include the remittance stub for each.

Account Number	Due Date	Amount Due
1234567890	01/25/2019	\$1,000.00

Please mark for change of address and complete the reverse side.

Late Payments: A fee of up to \$25 and/or account cancellation may result if the total amount due is not received and posted by the due date.

CINCINNATI POLICYHOLDER NAME GOES HERE
1234 MAIN STREET
ANYTOWN, ST 12345

THE CINCINNATI INSURANCE COMPANY
PO BOX 145620
CINCINNATI OH 45250 -5620



- THE CINCINNATI INSURANCE COMPANY
 - THE CINCINNATI CASUALTY COMPANY
 - THE CINCINNATI INDEMNITY COMPANY
- P.O. BOX 145496, CINCINNATI, OHIO 45250-5496

INSURED ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I, the undersigned, hereby authorize the company indicated above by an (hereinafter, "the Company") to make withdrawals by automatic debit entry on my account each installment date for the purpose of paying premiums for the policy number or numbers indicated below, including any subsequent renewal or replacement policy.

INSURED'S NAME AND MAILING ADDRESS:

POLICY NUMBER(s) (Excluding Prefix):

The Company is authorized to use automatic debit entry each installment date to make withdrawals on the account indicated below:

SAVINGS ACCOUNT
 CHECKING ACCOUNT
(Select One Account Type)

_____ *(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, YOU MUST INCLUDE A VOIDED SAMPLE CHECK FROM YOUR ACCOUNT.

By signing below, I agree that:

- The Company 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.
- **Notice of Varying Amounts:** If these regular payments will vary in amount, the Company will send me a billing statement to the above address approximately 15 days before a withdrawal.
- The first time a premium payment is returned due to Non-Sufficient Funds for a policy the premium due is the installment amount. For each succeeding return of payment due to Non-Sufficient Funds, while continuously insured with the Company, a service charge will be added to my installment.
- The Company 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 the Company 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 •

TAPE YOUR COMPANY'S VOIDED CHECK HERE AND
FORWARD WITH THE CINCINNATI EFT FORM

