



# EFT

## ELECTRONIC FUNDS TRANSFER

Automated teller machines...*a way of life*

Direct deposit...*the banking boom of the decade*

Supermarket swipe cards...*no need to carry cash*

Electronic Funds Transfer...*no hassle payments*

*Life is easier in the electronic age. Computerized conveniences save time and money. FCCI Insurance Company (FCCI) now offers electronic funds transfer for your workers' compensation insurance premium payment.*

- FCCI's EFT offers:
- *one less check to write each month*
  - *no postage to pay*
  - *no additional bank charges*

In other words, **EFT** means one less bookkeeping bother. Your entire workers' comp premium transaction is handled electronically. You'll be notified in advance of the amount to be withdrawn from your business account prior to the monthly transaction. The amount shown on your most recent estimated bill will be the amount withdrawn. *What could be easier?*

Paying your premium with **EFT** means no risk of incurring late fees. Your payment is automatically transferred 1 day prior to each payday, so you can plan your business cash flow accordingly. **EFT** is available to all policyholders, no matter what amount of premium you pay. And when renewal time comes along, your payment will remain uninterrupted. *Does it sound too simple to be true?* **EFT** is just one more example of the services we provide to all FCCI Insurance Company policyholders.

Complete the form located on the back of this page and return it to FCCI. You'll be notified when your **EFT** transaction is scheduled to begin. If you decide that **EFT** is not for you, you can drop out at any time with a thirty (30) day written notice to FCCI Insurance Company.

**Return this form with your voided or canceled check to:**

**FCCI INSURANCE COMPANY  
6300 UNIVERSITY PARKWAY  
SARASOTA FL 34240-8424**

941-907-3224 • TOLL FREE: 800-226-3224 • FAX: 941-907-2709



ACH AGREEMENT – ELECTRONIC FUNDS TRANSFERS

This Agreement, dated \_\_\_\_\_, \_\_\_\_\_ is between FCCI Insurance Company and \_\_\_\_\_ (“Receiver”), Policyholder \_\_\_\_\_

AGREEMENT

Receiver agrees to have Originator initial Debit/Credit Entries to its Commercial account (the “Account”) specified below in payment of obligations owed by Receiver to Originator pursuant to the terms of this Agreement and the Rules relating to Corporate Trade Payment entries (the “Rules”) of the National Automated Clearing House Association. The Originator agrees to initiate such Entries on the terms set forth below. Unless otherwise defined herein, capitalized terms shall have the meanings provided in the Rules. Originator and Receiver agree as follows:

- 1. Authorization. Receiver authorizes Originator to initiate Debit/Credit Entries to the Account in accordance with the Rules for obligations owing from time to time by Receiver to Originator. Such Debits will be for payment of premium for workers' compensation insurance or other services provided by FCCI Insurance Company through its Service Company, FEISCO. Such Premium debits may include, but are not limited to, additional premium due as a result of payroll audits or adjustments due to losses, if applicable.
2. Acceptance and Return of Entries. Nothing contained herein requires Receiver or its financial institution to accept any Entry initiated under this Agreement, and any such Entry may be returned in accordance with the Rules. Receiver shall not be deemed to have accepted any Entry as being correct if, within five (5) banking days after receipt of the Entry by its financial institution, Receiver provides written notice to Originator of a discrepancy.
3. Information. Under separate cover, Originator shall send Receiver an invoice of the type used in the normal course of Originator’s business showing the Debit date, due date and the amounts due and payable which amounts shall be equal to the respective Debit Entry.
4. Receiver’s Account. The Account maintained by Receiver is:

Financial Institution: \_\_\_\_\_ Branch Office Location: \_\_\_\_\_
Telephone #: \_\_\_\_\_
Bank ABA #: \_\_\_\_\_
Receiver Account #: \_\_\_\_\_
Account Type: [ ] Checking [ ] Savings

5. Questions, Notices, and Errors. In the event of any questions, notices, or errors relating to Debit/Credit Entries or to this Agreement, the parties should contact each other by telephone, fax or mail at the following addresses:

If to Originator: FCCI Insurance Company, 6300 University Parkway, Sarasota, FL 34240, Phone: 941-907-3224 or 800-226-3224, Fax: 941-907-2709
If to Receiver: \_\_\_\_\_, Attn: \_\_\_\_\_, Phone: \_\_\_\_\_, Fax: \_\_\_\_\_

unless another address is substituted by notice delivered or sent as provided herein. Any such notice shall be deemed given when received.

6. Termination. This Agreement may be terminated by Originator or Receiver at any time by giving thirty (30) days prior written notice to the other party at the address shown in paragraph 5 above. Termination of this Agreement does not relieve the Receiver of any of its obligations to FCCI Insurance Company.

Originator: FCCI INSURANCE COMPANY
Receiver: \_\_\_\_\_
By: \_\_\_\_\_
Its: \_\_\_\_\_

Please attach a voided check.