



**Electronic Funds Transfer Authorizations
For The AXiA Group
And
AXiA Insurance Services Inc.**

**MassMutual Value Plus Program
Payment Authorization**

Electronic Funds Transfer Authorization EFT

Policy Holder Name: _____

Policy Number: _____

I (we) hereby authorize The AXiA Group () AXiA Insurance Services Inc.() to initiate debit entries, and, if necessary, credit entries and adjustments for any debits in error, to my (our) Checking () Savings () account indicated at the financial institution named below. I (we) understand that the financial institution or AXiA reserve the right to terminate this payment plan and /or my (our) participation in it. At any time I (we) may elect to discontinue my (our) enrollment in this plan. If I (we) choose to do so, I (we) will provide a 30-day written notice.

Please attach a voided check with this form.

Bank Name: _____ Branch:_____

City: _____ State:_____ Zip:_____

Account Name: _____ Routing Number:_____

Account Number: _____

Signature: _____ Date: _____

Electronic Transfer for Deposit Only
Electronic Transfer for Deposit and Monthly Payments