

Workers' Compensation Insurance Contributions

**MASSACHUSETTS**

Electronic Funds Transfer (EFT) Authorization Form

for Workers' Compensation Insurance Contributions

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_

I authorize Cove Risk Services, LLC to initiate debit entries to my account listed below to pay insurance contributions for my coverage through:

**Massachusetts Care Self-Insurance Group**

I understand that a debit will occur from the account referenced below and will remain in effect until I have canceled it in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

List Appropriate Information:

Check one:     **Pay in full** (annual)                             **Semi-annual** (50% down, 50% due 3 months later)  
                           **Installments** (25% and 6 monthly installments)

Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Routing & Transit #: \_\_\_\_\_

Check one:     Checking Account                             Savings Account

Place Check Image Below

