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 Retail Merchants Workers' Compensation Group, Inc.

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

CoveRisk Services, LLC