

# Workers' Compensation Insurance Contributions

## NEW HAMPSHIRE 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:*

### Association Members Workers' Compensation Trust

*I understand that a debit will occur (check one):*

Monthly (1st)

Twice Monthly (1st and 15th)

Weekly (Monday)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*\* This authorization will remain in effect until I have canceled it in writing.*

A Stapled Voided Check Must Be Placed Here  
(checking account only)

**OR** List Appropriate Information Below for Savings Account:

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

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

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

**Association Members**  
Workers' Compensation Trust

Proudly Administered by



NH EFT 11/12