



PROGRESSIVE GROUP OF INSURANCE COMPANIES SUPPLIER AUTHORIZATION FOR PAYMENT BY ELECTRONIC FUNDS TRANSFER (EFT)

This form must contain a signature by an authorized representative of your company.

Please submit completed form to:

EFT_Registration_Support@progressive.com

Questions? Please contact us at the email address above or call our Supplier Maintenance Team (888) 251-2363

To obtain this form online please visit our website

<https://www.progressive.com/partners/suppliers/>

Please check one

of the following: New EFT Request Change EFT Request Terminate EFT Request

Important: This form must be filled out in its entirety even if the EFT request is being terminated.

Supplier Name

The name provided must match the name listed on the invoices submitted.

Remittance Address

The address provided must match the remit to address listed on the invoices submitted.

City

State

Zip Code

Tax Identification Number (TIN) or Social Security Number (SSN)

Physical Address

If the physical address is the same as the remittance address, fill in the field with "Same as Above."

Bank Name

Routing ABA #

Bank Account #

Select Account Type

Checking

Savings

Your Company's Contact Name Title

Email Phone

Please note: If you are a Progressive Medical Provider, you will receive a paper remittance by regular mail that corresponds to your EFT payment.

Non-Medical suppliers, if you would like to receive an electronic remittance via email, please provide email address below.

Remittance Email for non-medical Suppliers

Please attach one of the following forms of bank account verification:

- Voided Check
- Bank Letter (Dated within two years, including bank name, account holder name, and full account number)
- Top Portion of Bank Statement (Dated within two years, including bank name, account holder name, and full account number)

I certify that the above information is true and correct, and that as an authorized representative for the Supplier, I hereby authorize Progressive Insurance to electronically deposit payments on the designated bank account provided herein. Banking information will remain in effect on the Supplier's account until a notification is received from the Supplier to change or terminate the banking information.

Authorized User Signature Date

Please Print Authorized User's Name Title