

Electronic Funds Transfer (EFT) Authorisation Agreement

EFT allows you to receive your Argus payments directly into your Bank Account. Please print clearly.
An online version of this form is available at <https://argus.bm/EFT>.

Insured Information - Only to be completed by main insured person			
Full Legal Name (First Middle Last)		Date of Birth (MM/DD/YY)	
Mailing Address	Parish	Postcode	Country
Work Phone	Mobile Phone	Home Phone	
Preferred Email Address			
Preferred Method of Communication	<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone		
Employer (if applicable)	Argus Certificate Number		
	- -		

Banking Information
Bank Account Number
<input type="checkbox"/> BNTB <input type="checkbox"/> HSBC <input type="checkbox"/> Clarien <input type="checkbox"/> BCB (Must be savings or chequing account based in Bermuda)
Name as appears on Bank Account (Please ensure that all names are written as listed on account, e.g. "Mary F. Doe and/or John R. Doe")

Declaration
<p>I hereby authorise The Argus Group to automatically credit funds into the account mentioned above. Any errors or omissions concerning the information provided on this form are my responsibility. I acknowledge and accept that I am solely responsible for any charges related to foreign exchange transactions. This form certifies that the individual referenced above has the authority to sign on behalf of this account. The Argus Group may contact me when EFT becomes available for any of my other Argus Group products/services. By submitting this authorisation agreement, I hereby certify that the statements and details contained therein are true and correct to the best of my knowledge and belief and I will be liable for any damages, costs or offenses that may arise if any information is false and that I know to be false. Visit our website for our Privacy & Confidentiality policy.</p> <ol style="list-style-type: none"> 1. To avoid delay, all sections must be completed 2. Attach a photocopy of government issued photo ID 3. Return completed form & copy of ID to Argus using one of the following options: <ol style="list-style-type: none"> a. Email: insurance@argus.bm b. Mail: The Argus Group, Customer Service Center, PO BOX HM 1064, Hamilton HMEX, Bermuda c. In Person: 14 Wesley Street, Hamilton HM 11, Bermuda

Signature of Member

Date (MM/DD/YY)