

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

This form must contain a handwritten signature by the authorized representative of your company. You may fill out the form on-line, print it, sign it, scan it and email it back to us. Or, just send it back by fax or regular mail.

Address: Progressive Group of Insurance Companies, Attn: Supplier Maintenance, PO Box 94505, Cleveland, OH 44101
Email: EFT_Registrations@progressive.com
Fax: 440-603-5560

Questions? Please contact us at the email address above.
To obtain this form on-line please visit our website at: <http://www.progressive.com/supplier>

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)

Physical Address

(If the physical address is the same as the remit to address, fill in the field with "Same As Above")

Bank Name

Routing ABA #

Bank Account #

Federal ID #

Account Type

Checking

Savings

Your Company's Contact Name

Contact Phone #

Would you like to receive an electronic remittance via email? Provide your email address below if yes.

Email Address

Please Note: If you are a Progressive Claims Medical Provider you will receive a paper remittance by regular mail that corresponds to your EFT payment. You may choose to provide your email address as a form of contact only or leave blank.

I verify the above information is correct and that Progressive may credit payments to the above account by Electronic Funds Transfer.

Signed

Date

Name

Title

For Progressive Use Only

Entered By

Date

Supplier #

Site Code