



New York Central Mutual Fire Insurance Company
1899 Central Plaza East
Edmeston NY 13335 - 1899

Boxcar Billing Electronic Payment Authorization Form

Named Insured _____ Boxcar Account _____
Address _____
City _____ State _____ Zip Code _____

Account Type: **Credit Card** **Checking Account**

Checking Account:

Account Holders Name: _____
Daytime Phone No. _____
Bank Routing No. _____ Checking Account No. _____

STAPLE VOIDED/CANCELLED CHECK HERE

Credit Card Account:

 VISA **Mastercard** **Discover**

Card Holder's Name: _____
Daytime Phone No. _____
Credit Card No. _____ Exp. Date _____

I authorize New York Central Mutual Fire Insurance Company to debit my checking account or charge my credit card (depending on the payment type selected above) for my insurance payment(s).

Terms of Agreement: I have an account(s) at the financial institution listed on the enclosed voided/cancelled check to pay such entries. Electronic debit entries shall be initiated by NYCM to pay premiums and other charges for the above listed account(s) and the entries shall constitute my receipt for the transaction(s). No payment to NYCM shall be deemed to have been made unless and until NYCM receives actual credit. I also understand that if corrections of the entry are necessary, it may involve an adjustment to my account.

NYCM reserves the right to refuse or terminate your electronic funds transfer payment service (checking account) or your automatic credit card payment service. This agreement is to remain in effect until NYCM terminates it or receives written notification of its termination and has sufficient time to act on it.

Account Holder's or Card Holder's Signature

Date

****This form must be signed when choosing electronic payments from your checking account or credit card account.****