

**NYCM Recurring Credit Card Payments
Authorization Form**

I authorize New York Central Mutual Fire Insurance Company to charge my credit card for my insurance payment(s).

■ _____
Insured's Name (First, Last, MI)

■ _____
Home Address (Number/Street)

■ _____
City State 9-Digit Zip

■ _____
Daytime Phone

■ _____
E-mail Address

■ _____
Card Holder's Name (If different from Insured's)

MasterCard Discover Visa

■ _____
Credit Card # Expiration Date

■ _____
First Policy # Preferred Withdrawal Date
(1st thru 28th Only or Policy Effective Date)

■ _____
Second Policy # Preferred Withdrawal Date
(1st thru 28th Only or Policy Effective Date)

■ _____
Third Policy # Preferred Withdrawal Date
(1st thru 28th Only or Policy Effective Date)

Important Information

Terms of Agreement: *New York Central Mutual reserves the right to refuse or terminate your automatic credit card payment service. This agreement is to remain in effect until New York Central Mutual terminates it or receives written notification of its termination and has sufficient time to act on it.*

Card Holder's Signature: _____

Date: _____

Please print and return this to:

New York Central Mutual Fire Insurance Company
Attn: Accounts Department
1899 Central Plaza East
Edmeston, NY 13335

If you do not have a printer please call **1-888-234-6926** and we will mail you an Authorization form.

**NYCM Recurring Checking Account Payments
Authorization Form**

I authorize New York Central Mutual Fire Insurance Company to debit my checking account for my insurance payment(s).

■ _____
Insured's Name (First, Last, MI)

■ _____
Home Address (Number/Street)

■ _____
City State 9-Digit Zip

■ _____
Daytime Phone

■ _____
E-mail Address

■ _____
Account Holder's Name (If different from Insured's)

■ _____
Name of Bank

■ _____
Bank Routing # Checking Account #

■ _____
First Policy # Preferred Withdrawal Date
(1st thru 28th Only or Policy Effective Date)

■ _____
Second Policy # Preferred Withdrawal Date
(1st thru 28th Only or Policy Effective Date)

■ _____
Third Policy # Preferred Withdrawal Date
(1st thru 28th Only or Policy Effective Date)

Important Information

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

New York Central Mutual reserves the right to refuse or terminate electronic payment services. This agreement is to remain in effect until New York Central Mutual terminates it or receives written notification of its termination and has sufficient time to act on it.

Account Holder's Signature: _____ Date: _____

Please print and return this form along with a voided check or a copy of a canceled check from your checking account to:

New York Central Mutual Fire Insurance Company
Attn: Accounts Department
1899 Central Plaza East
Edmeston, NY 13335

If you do not have a printer please call **1-888-234-6926** and we will mail you an Authorization form.