



Recurring Payments Authorization Form

I authorize New York Central Mutual Fire Insurance Company A. Central Insurance Company to initiate an electronic transaction 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/Account Holder's Name (If different from Insured's)

MasterCard Discover Visa

Credit/Debit Card # Expiration Date

Name of Bank – Required for Checking or Saving Accounts ONLY.

Bank Routing Number Account Number (Choose one) Checking
 Savings

First Policy # Preferred Withdrawal Date
(1st through 28th Only or Policy Effective Date)

Second Policy # Preferred Withdrawal Date
(1st through 28th Only or Policy Effective Date)

Important Information

Terms of Agreement: I have an account at the financial institution listed above, sufficient to pay such entries. Electronic debit entries shall be initiated by the designated insurance company 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 designated insurance company shall be deemed to have been made unless and until such insurance company receives actual credit. I also understand that if corrections of the entry are necessary, it may involve an adjustment to my account.

The designated insurance company reserves the right to refuse or terminate electronic payment services. This agreement is to remain in effect until the said insurance company terminates it or receives written notification of its termination and has sufficient time to act on it.

Card Holder's/Account Holder's Signature: _____ Date: _____

Please print and return this form to:

Mail: Attn: Accounts Department
NYCM Insurance
1899 Central Plaza East
Edmeston, NY 13335

Fax: (607) 965-2712

If you need further assistance or wish to enroll by phone, please call 800-234-6926.