



ERIE AND NIAGARA INSURANCE ASSOCIATION
"IN OUR 2ND CENTURY OF SERVICE"

AutoPay Electronic Funds Transfer (EFT) De-Enrollment Form

By completing this form, you are requesting Erie and Niagara Insurance Association to discontinue your future EFT automatic payment withdrawals. In order to continue coverage with Erie and Niagara Insurance Association, you will still be obligated to pay any current amount due on your policy by an alternative payment method. Once payment has been processed you will receive a bill for the remaining balance or your next installment due in accordance with the new billing plan selected below. Please be advised until this request has been processed, Erie and Niagara will continue automatic withdrawals.

Policyholder Information

Policy Number Email Address Preferred Phone Number

Policyholder or Company Name

Policyholder or Company Mailing Address City State Zip Code

Select Non-Recurring Payment Plan* - Select ONE**

- 1-PAY 2-PAY 4-PAY 8-PAY 3-PAY (Artisan policies only)

Cancellation Note: If you are cancelling your policy with Erie and Niagara Insurance Association after requesting to discontinue automatic EFT payment withdrawals, please contact your agent to begin the cancellation process.

*Upon de-enrollment in AutoPay and a switch to a non-recurring payment plan, installment fees will apply in accordance with the Fee Disclosure Endorsement (EN-FDE) attached to your policy and will be reflected on your next billing notice.

**10-Pay payment plan is only available for policies enrolled in AutoPay.

Authorization Agreement to Discontinue EFT Automatic Withdrawals

I (we) request ERIE AND NIAGARA INSURANCE ASSOCIATION, hereinafter called COMPANY, to discontinue electronic withdrawals that I (we) authorized from my (our) account identified from the depository financial institution requested, hereafter called DEPOSITORY.

This agreement is to remain in full force and in effect until either party to the other has received written notification of its termination in such time and in such manner which affords COMPANY and DEPOSITORY a reasonable opportunity to act on it.

AUTHORIZED SIGNATURE DATE

To Insured: Please print, complete, sign, and send the form to: Erie and Niagara Insurance Association Attn: Accounting Department 8800 Sheridan Drive PO Box 9062 Williamsville, NY 14231-9062 For further assistance, please contact the Accounting Department at 1-800-234-9876, M-F 8:30am - 4:30pm EST.

To Agent: This signed and completed form should be submitted to Erie and Niagara Insurance Association.