



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

AutoPay Electronic Funds Transfer (EFT) Change Form

Please complete Section I - Required Information and then complete the applicable Section(s) II - V with any AutoPay information that has changed, as applicable.

Please indicate which information has changed and complete the applicable section below:

- Section II - Policyholder Information
Section III - Payment Plan Options
Section IV - Funding Account Information
Section V - Notification Preference

Changes to banking information will generally be effective within two to five business days from receipt of this form. Changes to payment plan options, email address, mailing address, and AutoPay notification preferences will be effective upon your next billing cycle after receipt of this form.

If you wish to de-enroll in our AutoPay EFT recurring payment program, please complete an AutoPay Electronic Funds Transfer (EFT) De-Enrollment Form, which is available on www.enia.com or by calling the Accounting Department at 1-800-234-9876, M-F 8:30am - 4:30pm EST.

Section I - Required Information

Policyholder or Company Name Policy Number

Section II - Policyholder Information

Policyholder or Company Mailing Address City State Zip Code

Email Address * Preferred Phone Number

*Once your change in email address is processed, you will receive an email from AutoPay@enia.com requesting confirmation of the email address provided.

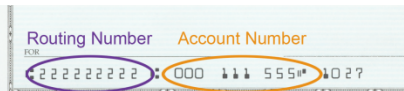
Section III - Payment Plan Options - Select ONE

- 1-PAY 2-PAY 4-PAY 8-PAY 10-PAY 12-PAY

Section IV - Funding Account Information

Please select ONE of the funding account types:

- Checking Savings



Name on Account Financial Institution Name

Routing Number Funding Account Number

Note: Please send in a voided check with your new funding account information.



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Section V - Notification Preference

Please indicate the form you would like to receive *AutoPay* notifications, i.e., EFT Payment Schedules, withdrawal notifications, and change confirmations.

- Email** – notifications will be sent to the email address provided above or upon enrollment in *AutoPay*. **Note:** Once your email notification request is processed, you will receive an email from AutoPay@enia.com requesting confirmation of the email address provided.
- Paper** – notifications will be sent by the USPS to the mailing address provided above or currently on file.

Please print, complete, and send the form and a voided check (if making a change to funding account information) 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.**