



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

AutoPay Electronic Funds Transfer (EFT) Authorization Enrollment Form

Sign up for Erie and Niagara Insurance Association's *AutoPay* EFT payment program and your policy premium will be electronically withdrawn from your checking, savings, or business account automatically. Just complete and sign this form to get started!

AutoPay EFT Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges
- Available on all lines of business (both Personal and Commercial)

THIS SERVICE IS FREE – ALL INSTALLMENT FEES ARE WAIVED!

Policyholder Information

_____ (____) _____
 Policy Number E-Mail Address Preferred Phone Number

 Policyholder or Company Name

 Policyholder or Company Mailing Address City State Zip Code

Payment Plan Options* - Select ONE

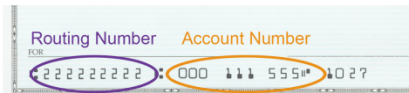
- 1-PAY** **2-PAY** **4-PAY** **8-PAY** **3-PAY** (Artisan policies only)

* Initial scheduled *AutoPay* EFT withdrawal date defaults to policy effective date.

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 funding account information.

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. **Note:** Once your 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.



ERIE AND NIAGARA INSURANCE ASSOCIATION
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Authorization Agreement

I (we) authorize ERIE AND NIAGARA INSURANCE ASSOCIATION, hereinafter called COMPANY, to initiate electronic withdrawal(s) from my (our) account identified from the depository financial institution listed above, hereafter called DEPOSITORY. I (we) acknowledge that the origination of any Automatic Clearing House (ACH) transaction to my (our) account must comply with the provisions of U.S. Law.

I (we) understand it is my (our) responsibility to ensure sufficient funds are in my (our) account at the time of the scheduled deduction. I (we) also understand that my (our) policy may cancel if there are insufficient funds in my (our) account.

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

If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that COMPANY may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$20 charge for each attempt returned NSF. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

Please note: Any payment(s) due at the time enrollment is activated will be required via **one-time payment** method, i.e., electronic check or credit card, before *AutoPay* becomes effective. Once *AutoPay* becomes effective, a payment schedule will be mailed to you for future deductions which will begin with your next payment.

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 along with a voided check should be attached to the signed policy application and submitted to Erie and Niagara Insurance Association.