

## **Recurring Payments Authorization Form**

	New York Central Mutual Fir		☐ A. Central Insurance Company
to initiate an electro	nic transaction for my insurar	ice payment(s).	
Insured's Name (First, La	ıst, MI)		
Home Address (Number/	Street/City/State/9-Digit Zip)		
Daytime Phone			E-mail Address
П			
Card Holder's/Account H	Holder's Name (If different fro	om Insured's)	
□ MastarCard	□ D:	□ W:	
☐ MasterCard	☐ Discover	☐ Visa	
Credit/Debit Card #			Expiration Date
Name of Bank – Require	d for Checking or Saving Acc	counts ONLY.	
П			
Bank Routing Number	Account Nun	nber	(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			
Important Information			
			ve, sufficient to pay such entries. Electronic debit
			ns and other charges for the above-listed policies or action(s). No payment to designated insurance
company shall be deemed	d to have been made unless an	nd until such insurance	company receives actual credit. I also understand
that if corrections of the e	entry are necessary, it may in	volve an adjustment to i	my account.
			lectronic payment services. This agreement is
to remain in effect until the sufficient time to act on it		rminates it or receives	written notification of its termination and has
•			
Card Holder's/Account Holder's Signature:			Date:
Please print and return			
	Attn: Accounts Department		<b>Fax:</b> (607) 965-2712
	NYCM Insurance		

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

Edmeston, NY 13335