

**NYCM Recurring Checking Account Payments  
Authorization Form**

I authorize New York Central Mutual Fire Insurance Company to debit my checking account 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

■ \_\_\_\_\_  
Account Holder's Name (If different from Insured's)

■ \_\_\_\_\_  
Name of Bank

■ \_\_\_\_\_  
Bank Routing # Checking Account #

■ \_\_\_\_\_  
First Policy # Preferred Withdrawal Date  
(1<sup>st</sup> thru 28<sup>th</sup> Only or Policy Effective Date)

■ \_\_\_\_\_  
Second Policy # Preferred Withdrawal Date  
(1<sup>st</sup> thru 28<sup>th</sup> Only or Policy Effective Date)

■ \_\_\_\_\_  
Third Policy # Preferred Withdrawal Date  
(1<sup>st</sup> thru 28<sup>th</sup> Only or Policy Effective Date)

**Important Information**

*Terms of Agreement: I have an account(s) at the financial institution listed on the enclosed voided or canceled check sufficient to pay such entries. Electronic debit entries shall be initiated by New York Central Mutual 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 New York Central Mutual shall be deemed to have been made unless and until New York Central Mutual receives actual credit. I also understand that if corrections of the entry are necessary, it may involve an adjustment to my account.*

*New York Central Mutual reserves the right to refuse or terminate electronic payment services. This agreement is to remain in effect until New York Central Mutual terminates it or receives written notification of its termination and has sufficient time to act on it.*

Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please print and return this form along with a voided check or a copy of a canceled check from your checking account to:**

New York Central Mutual Fire Insurance Company  
Attn: Accounts Department  
1899 Central Plaza East  
Edmeston, NY 13335

If you do not have a printer please call **1-888-234-6926** and we will mail you an Authorization form.