

Electronic Funds Transfer Authorization



Why is EFT right for you?

- The electronic transfer of funds allows for a faster payment, saving you time and avoiding installment fees.
- More frequent scheduled payments give the policy holder the ability to make smaller and more convenient payments.
- EFT eliminates the use of stamps and checks in the billing process.
- Electronic funds transfer prevents your premiums from going unpaid, as long as a sufficient balance remains in your account.
- Policy effective between 1st and 15th of the month—drawn on the 15th of each month
- Policy effective between 16th and last day of the month—drawn on the 25th of each month

With the new EFT payment option:

- Your monthly premium will be automatically deducted from your account on either the 15th or 25th of each month.
- You will receive an annual statement with the dates and amounts of the monthly premium payments.
- If a withdrawal is unsuccessful for any reason, including insufficient funds or account closed, a \$30 NSF fee and a \$20 late fee will be assessed each time.
- This agreement will remain in effect until terminated by either party.
- If you wish to terminate this agreement, you must provide 30 days written notice. You will also be required to pay the balance due for the remainder of the policy year (plus an additional \$3.50 installment fee).
- This agreement will become effective for your next unbilled installment. In most circumstances, any installments already billed can't be set up for recurring bill payment.
- Policies in non-payment pending status may not be enrolled until reinstated.

EFT AUTHORIZATION AGREEMENT

I (we) hereby authorize Chautauqua Patrons Insurance Company to initiate debit entries to my (our) bank account at the financial institution listed below, for the collection of premiums on the policies listed below.

Bank Name:	Today's Date:
Bank Address:	Checking or Savings:
Routing Number:	Email address:
Account Number:	Policy Number (s):
Name on Bank Account:	Name on Bank Account (optional):
Signature:	Signature:

Please include a voided check

I understand that this is a recurring EFT payment plan which means I authorize Chautauqua Patrons Insurance Company to make deductions for future policy terms until I provide CPIC with a written cancellation request with 30 days notice. I understand that CPIC has the right to refuse or terminate my enrollment in this program at any time and that further details of this agreement are listed above. I further acknowledge that any refunds will be made by CPIC check. This agreement will become effective with the next unbilled installment on my policy and any currently billed installments will not be pulled under this agreement unless otherwise communicated to me.

Please send to:

Chautauqua Patrons Insurance Company

529 W. Third Street

Jamestown, NY 14701

Fax: 716-484-2310