

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.
- Payments will be pulled on the due date of the bill
- Insureds can set themselves up without this form when making their payment on our website by saving their bank account information and opting in to Auto Pay.

With the new EFT payment option:

- Your monthly premium will be automatically deducted from your account on the bill due date.
- If an email address is provided, you will receive email reminders that your account will be paid automatically.
- 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 can be terminated by the insured on their billing portal login or by contacting CPIC.
- Any insureds that enroll in recurring payments will automatically be set up on a monthly payment plan with no \$3.50 installment fees.

*****Save time by enrolling online using your last name, policy number and registering for an account. This can be done by clicking [HERE](#) and registering for an account or logging into your already established account.**

EFT AUTHORIZATION AGREEMENT

I (we) hereby authorize Chautauqua Patrons Insurance Company and their third party payment provider 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:
***Customer Billing Address:	***Checking or Savings:
***Routing Number:	***Email address:
***Account Number:	***Policy Number (s):
***Name on Bank Account:	Name on Bank Account (optional):
***Signature:	Signature:

*****Notes required fields**

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 through their third party provider, Invoice Cloud. 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.

Please send to:

Chautauqua Patrons Insurance Company
529 W. Third Street
Jamestown, NY 14701
Fax: 716-484-2310