

# Utica First Insurance EZ-Pay EFT Authorization Form

**Insured Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_  
**Insured Email (REQUIRED)** \_\_\_\_\_

**NEW BUSINESS** – Form must be submitted with application and 15% deposit.

**EXISTING POLICY-** After submitting completed form, please, continue to pay your policy as billed until notified that the change has been processed. Authorization form must be received one month prior to the first payment to be withdrawn.

All EFT payments will be processed monthly on the effective day of the policy (ie: policy effective 10/8/13, payments will be processed on the 8<sup>th</sup> of each month). If the withdraw day falls on a non-business day, the payment will be withdrawn on the next business day.

The insured will be notified by email when payments are to begin and will receive confirmation when payments are made.

Please complete the requested information AND include a voided check for quick and accurate processing. Thank you.

**Policy # (if assigned)** \_\_\_\_\_

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**Account Name** \_\_\_\_\_

**Bank Name** \_\_\_\_\_

**Bank Routing #** \_\_\_\_\_

**Account #** \_\_\_\_\_

**By completing this form, providing a voided check, and signing below, I am authorizing Utica First Insurance Company to initiate monthly deductions from my bank account identified on the enclosed check to pay for the insurance policy(ies) and any renewals thereof. This authority will remain in effect until I notify you in writing to cancel it.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Please mail, email, or fax this form along with a voided check to one of the following.

***Mail to:***  
*Utica First Insurance Company*  
*P.O. Box 851*  
*Utica, NY 13503-0851*

***Email to:***  
*accounting@uticafirst.com*

***Fax to:***  
*315-736-1836*