

Utica First Insurance EZ-Pay EFT Authorization Form

Insured Name _____
Address _____
Phone Number _____

NEW BUSINESS – FORM **MUST** BE SUBMITTED WITH APPLICATION AND 20% DEPOSIT.

EXISTING POLICY – AFTER SUBMITTING COMPLETED FORM, CONTINUE TO PAY AS BILLED UNTIL NOTIFIED THAT CHANGE HAS BEEN PROCESSED

Please complete requested information, attach a voided check, and have policyholder sign at the bottom. EZ-Pay is currently offered for all policies types except Personal Auto

Policy # (if assigned) _____

Policy # (if assigned) _____

Bank Routing # _____

Account # _____

Account Name _____

Bank Name _____

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, and to deposit any credits/refunds into that account. This authority will remain in effect until I notify you in writing to cancel it.

Signature _____

Date _____

Please attach a voided check and mail to:

Utica First Insurance Company
Accounting Department
P.O. Box 851
Utica, NY 13503-0851