

# Utica First Insurance EZ-Pay

## EFT Authorization Form

Insured Name _____
Address _____
Phone Number _____

**NEW BUSINESS – FORM MUST BE SUBMITTED WITH APPLICATION AND 15% 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*

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. This authority will remain in effect until I notify you in writing to cancel it.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please attach a voided check and mail or fax to:

Utica First Insurance Company  
Accounting Department  
P.O. Box 851  
Utica, NY 13503-0851  
Fax: (315)736-1836