



Revising/Removing Policy From ERIExpressPay®

Instructions for Revising Bank Information

- Recurring payments will be Debited each month on the premium due date determined by the effective date of the Policy or, if you wish, you may choose an alternate Debit Date to have the payment withdrawn from your Account. This alternate Debit Date can be 1 to 30 days from your monthly effective date. If you wish to use an alternate Debit Date, please list that date in the "Policy Information" section of this Authorization. Please keep in mind that the Debit will be on or after the Premium Due Date or alternate Debit Date.

Thoroughly read the Terms and Conditions on the next page before completing and signing this form. If you have any questions, contact your Agent before completing and signing.

Account Holder signature and date are required on page 2 of this form.

- Unless revoked by you, this Authorization remains in effect for subsequent policy renewals, if offered.
- Retain a copy of this form and keep it with the insurance policy or policies to which it relates.

Complete Policy Information and Policy Number sections

Policy Information

Insured's Name:

Business Name:

Insured's Daytime Phone Number: Agent's Agent Number:

Policy Number	Alternate Debit Date (optional)	Change Payment Plan to (*when removing from ERIExpressPay®)	Policy Number	Alternate Debit Date (optional)	Change Payment Plan to (*when removing from ERIExpressPay®)
1.			3.		
2.			4.		

Complete this section with the new bank account information

Name on Bank Account:

ABA Transit Number: Bank Name:

Account Number:

Please check one: () Checking, or () Savings Account Holder: Sign and date the form on Page 2

JOHN DDE 101
ANYTOWN, USA

Date:

Pay to the Order of: \$ Dollars

Memo:

⑆040404045⑆: 123456789⑆: 101

CHECK NUMBER

ABA TRANSIT NUMBER Appears between these symbols
ACCOUNT NUMBER Appears to the left of this symbol.

*Instructions for Removing Policy from ERIExpressPay®

Select one of the pay plans listed below, enter it above on the "Change Payment Plan to" line along with your policy number, then sign and date the form on page 2.

- Plan A** - The entire premium is due in one installment on the policy effective date.
- Plan B** - The premium will be split into three consecutive monthly installments. The first is due on the policy effective date, and the remaining two will be due in two consecutive monthly installments.
- Plan C** - The premium will be billed in three installments. One half of the premium will be split into two consecutive monthly installments, the first of which is due on the policy effective date. The second half of the premium will be due six months from the policy effective date.
- Plan D** - The premium will be split into four installments. The first is due on the policy effective date, and the remaining will be due in three month intervals.
- Monthly** - The premium will be split into nine monthly consecutive installments. The first is due on the policy effective date and the remaining will be due in eight consecutive monthly installments.

Terms and Conditions

- By signing this Authorization, you are authorizing ERIE to initiate Debits against the Account for premium payments and other charges due on the Policies, according to the terms contained in this Authorization. You are also authorizing ERIE to transfer refunds and overpayments related to the Policies by electronic fund transfer to your Account. Not all refunds or credits will be made electronically.
- You agree that ERIE may Debit the Account for all charges due for the Policies and you understand and agree that if a payment is missed, ERIE may Debit the Account on the scheduled Debit date for the current scheduled payment as well as all overdue payments. You also authorize Debits of premium payments and other charges due on subsequent renewals of the Policies, if offered. If any of the Policies are subject to premium audit, you are also authorizing ERIE to Debit your Account for any premium or other charges due as a result of an audit.
- You agree that if the amount of a scheduled Debit varies by more than \$2.00 from the previous Debit, ERIE will send written notice of the amount and date of the scheduled Debit at least 10 days before the date of the scheduled Debit.
- ERIE will incur no liability as a result of a Debit being dishonored by your financial institution. If a Debit is not honored by the financial institution, ERIE will not consider the payment to have been made. In such cases, ERIE may, in its sole discretion, initiate a second attempt to Debit your Account for the amount due.
- You understand that if premiums are not paid within the applicable grace period the Policies will terminate. You acknowledge that the debit appearing on your bank statement will constitute your receipt for payment, but no payment is deemed made until ERIE actually receives payment.
- You may withdraw this Authorization by giving notice to ERIE's Home Office not less than three (3) business days before the Debit date. Similarly, ERIE may remove any Policy from this direct debit program at any time or terminate or amend the terms of this Authorization by giving you notice in accordance with the rules of the National Automated Clearing House Association ("NACHA") or applicable law.
- This Authorization does not modify the terms of any insurance policy, nor does it constitute acceptance of any offer that may be made by ERIE to renew an insurance policy.
- Signing and submitting this Authorization does not mean that insurance coverage is effective. Coverage is effective only as stated in the declarations page(s) provided by ERIE and is effective when all applicable terms and conditions stated therein have been met.
- This Authorization must be signed and dated by the Account owner as his/her name appears on the bank records for the Account. By signing this Authorization, you represent and warrant to ERIE that you are the owner of the Account and that you have the legal authority to authorize Debits against the Account. If the Account is owned by a legal entity (such as a corporation or LLC), you represent and warrant that you have legal authority to act on behalf of that entity with respect to the Account. You agree to defend and indemnify ERIE against any and all losses resulting from any misrepresentation or breach of warranty by you in this Authorization.

Signature

By signing below, the Account owner acknowledges that s/he has received, read and agrees to all the terms of this Authorization, including but not limited to the "Instructions" and "Terms and Conditions" on pages 1 and 2 of this form and confirms the accuracy of the information provided on this form.

Account Owner's Signature: _____

Date: _____

ERIE Contact Information**For Submission of Completed Authorization Forms:**

Email: If you wish to submit this completed Authorization to ERIE via e-mail, please scan and email the completed document to the following address:

Fax: If you wish to submit this completed Authorization to ERIE via fax, please fax the completed document to:

Mail: If you wish to submit documents related to this completed Authorization to ERIE via mail, please send the original completed and signed form to the following address. Please retain a copy for your records.

Erie Insurance - Premium Cash Processing
100 Erie Insurance Place
Erie, PA 16530