



## CRM – Amending Checkless Pay Information\*

Please amend the Checkless Pay information for the following policies:

\* All policies on Checkless Pay that are not listed below will remain unaffected. This form must be received at least 4 days prior to your deduction date in order to affect that deduction.

Policy Number:	
Policy Number:	
Policy Number:	
Policy Number:	
Policy Number:	

New Routing Number: \_\_\_\_\_

New Account Number: \_\_\_\_\_

New Deduction Date Desired: \_\_\_\_\_

\_\_\_\_\_  
Insured's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insured's Phone Number or Email Address

ENUMCLAW INSURANCE GROUP  
Mutual of Enumclaw Insurance Company  
Enumclaw Property and Casualty Insurance Company