



**New York Central Mutual Fire Insurance Company**  
**1899 Central Plaza East**  
**Edmeston NY 13335 - 1899**

**Boxcar Billing Electronic Payment Authorization Form**

Named Insured \_\_\_\_\_ Boxcar Account \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Account Type:**     ☐     **Credit Card**     ☐     **Checking Account**

**Checking Account:**

Account Holders Name: \_\_\_\_\_  
Daytime Phone No. \_\_\_\_\_  
Bank Routing No. \_\_\_\_\_ Checking Account No. \_\_\_\_\_

**STAPLE VOIDED/CANCELLED CHECK HERE**

**Credit Card Account:**

☐     **VISA**     ☐     **Mastercard**     ☐     **Discover**

Card Holder's Name: \_\_\_\_\_  
Daytime Phone No. \_\_\_\_\_  
Credit Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

I authorize New York Central Mutual Fire Insurance Company to debit my checking account or charge my credit card (depending on the payment type selected above) for my insurance payment(s).

**Terms of Agreement:** I have an account(s) at the financial institution listed on the enclosed voided/cancelled check to pay such entries. Electronic debit entries shall be initiated by NYCM to pay premiums and other charges for the above listed account(s) and the entries shall constitute my receipt for the transaction(s). No payment to NYCM shall be deemed to have been made unless and until NYCM receives actual credit. I also understand that if corrections of the entry are necessary, it may involve an adjustment to my account.

NYCM reserves the right to refuse or terminate your electronic funds transfer payment service (checking account) or your automatic credit card payment service. This agreement is to remain in effect until NYCM terminates it or receives written notification of its termination and has sufficient time to act on it.

\_\_\_\_\_  
**Account Holder's or Card Holder's Signature**

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

**\*\*This form must be signed when choosing electronic payments from your checking account or credit card account.\*\***