



New York Central Mutual Fire Insurance Company  
 1899 Central Plaza East, Edmeston, NY 13335-1899  
 800-234-6926 nycm.com

### Boxcar Billing Request Form

The Boxcar Billing program will allow you to receive one monthly billing statement for all your NYCM Insurance voluntary policies. Simply fill out the form below and send it directly to us or your agent.

Agent \_\_\_\_\_ Agency Code \_\_\_\_\_

Name Insured \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Billing Address *\*if different than the name/address shown above*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Preferred Billing Date (date you payment will be due. 1<sup>st</sup> – 28<sup>th</sup> only) \_\_\_\_\_

#### Policy Information for Boxcar Account

| Policy Number or Type<br><small>(i.e. Automobile, Homeowners, etc)</small> | Down payment Amount<br><small>(For New Applications Only)</small> |
|----------------------------------------------------------------------------|-------------------------------------------------------------------|
| 1.                                                                         |                                                                   |
| 2.                                                                         |                                                                   |
| 3.                                                                         |                                                                   |
| 4.                                                                         |                                                                   |
| 5.                                                                         |                                                                   |
| 6.                                                                         |                                                                   |

Assigned Risk, TOP, Bill Mortgagee, Premium Finance, and Payroll Deducted policies **are not eligible for this program.**

Note: If applicable, any partial payments received on your Boxcar Account will be applied to statutory policies (i.e. Automobile) first, then any remaining amounts to the other policies.

**\*\* Please fill out the authorization form on the reverse side if you would like your Boxcar payments automatically withdrawn from your checking account or credit card account.**



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### Boxcar Billing Electronic Payment Authorization Form

Account Type:  Credit Card  Checking Account

**Checking Account:**

Account Holders Name: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ Checking Account Number: \_\_\_\_\_

STAPLE VOIDED/CANCELLED CHECK HERE

**Credit Card Account:**

Card Holders Name: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ 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 Insurance to pay premiums and other charges for the above listed accounts(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 Insurance receives actual credit. I also understand that if corrections of the entry are necessary, it may involve and adjustment to my account.

NYCM Insurance 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 Insurance 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