



A. Central Recurring Checking or Savings Account Payments Authorization Form

I authorize A. Central Insurance Company to debit my checking/savings account for my insurance payment(s).

Insured's Name (First, Last, MI)

Home Address (Number/Street)

City

State

9-Digit Zip

Daytime Phone

E-mail Address

Account Holder's Name (If different from Insured's)

Name of Bank

Bank Routing Number

Account Number (Choose one) Checking Savings

NEW AUTO APPLICATION

First Policy Number

Preferred Withdrawal Date
(1st through 28th Only or Policy Effective Date)

Second Policy Number

Preferred Withdrawal Date
(1st through 28th Only or Policy Effective Date)

Important Information

Terms of Agreement: I have an account(s) at the financial institution listed on the enclosed voided or canceled check or savings deposit/withdrawal slip, sufficient to pay such entries. Electronic debit entries shall be initiated by A. Central Insurance Company to pay premiums and other charges for the above-listed policies or other policies authorized and the entries shall constitute my receipt for transaction(s). No payment to A. Central shall be deemed to have been made unless and until A. Central receives actual credit. I also understand that if corrections of the entry are necessary, it may involve an adjustment to my account.

A. Central reserves the right to refuse or terminate electronic payment services. This agreement is to remain in effect until A. Central terminates it or receives written notification of its termination and has sufficient time to act on it.

Account Holder's Signature 

Date: _____

Please print and return this form along with a voided check or a copy of a canceled check from your checking account or savings deposit/withdrawal slip to:

A. Central Insurance Company
Attn: Accounts Department
1899 Central Plaza East, Suite 2000
Edmeston, NY 13335

If you do not have a printer please call 1-866-222-2242 and we will mail you an authorization form.