



# Authorization Agreement For ERIExpressPay

1. Read and complete all items on the Authorization Form.
2. If the payment is to be made from a checking account, include a voided, unsigned check. If the payment is to be deducted from a savings account, include a **preprinted** deposit slip.
3. **A down payment is required.** Please attach a check for the down payment amount (1/6 total premium).\*  
\*Before uploading an application, ERIExpressPay Agents should deposit the down payment to the agency account.
4. We will electronically process a charge to your account each month for your premium payment. An installment payment will be withdrawn each month on the premium due date determined by the effective date of your policy **or** the next business day. Unless revoked in writing, this authorization remains in effect for subsequent renewals, if offered.

Insured Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Daytime Phone Number ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ Extension \_\_\_\_\_

JOHN DOE	101
ANYTOWN, USA	Date _____
Pay to the Order of _____	\$ _____
	_____ Dollars
Memo _____	
⑆ 0 4 0 4 0 4 0 4 5 ⑆	1 2 3 4 5 6 7 8 9 ⑆ 101

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

CHECK NUMBER

Name on Bank Account \_\_\_\_\_

ABA Transit No. \_\_\_\_\_ Account No. \_\_\_\_\_ Please check one: Checking or Savings

Financial Institution, Bank Name \_\_\_\_\_

I authorize Erie Insurance Group to initiate debits for premium payments due against my above account. I understand that The ERIE will notify me 10 days before the withdrawal date only if the amount of the withdrawal changes by more than \$2.00. The withdrawal will be made on the designated due date or on the following business day. I authorize debits for premium payments due on subsequent renewals, if offered. I may withdraw this authorization by giving written notice to The ERIE in such time and manner as to afford The ERIE and the Bank reasonable time to act upon the request. Similarly, The ERIE may terminate this agreement with me by written notice.

ACCOUNT HOLDERS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SECOND SIGNATURE (if needed) \_\_\_\_\_ DATE \_\_\_\_\_

Fax Authorization Form to: 814-870-2250.

**PLEASE ENCLOSE A VOIDED, UNSIGNED CHECK  
OR SAVINGS DEPOSIT SLIP AND DOWN PAYMENT.**