



New York Central Mutual Fire Insurance Company
 1899 Central Plaza East, Edmeston, NY 13335-1899
 800.234.6926 nycm.com

Combination Billing Request Form

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

Agent _____ Agency Code _____

Named 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 your payment will be due. **1st – 28th only**) _____

Policy Information for Combination Billing Account

Policy Number or Type <small>(i.e. Automobile, Homeowners, etc)</small>	Down Payment Amount <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 Combination Billing 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**** Please fill out the authorization form if you would like your Combination Billing payments automatically withdrawn from your checking account or credit card account.**



Combination 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 account(s) and the entries shall constitute my receipt for the transaction(s). No payment to NYCM Insurance 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 an 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 from you of its termination and has sufficient time to act on it.

Account Holder's or Card Holder's Signature

Date