

Pay the Easy Way with... **UniPAY**

It's the convenient and safe way to pay your insurance premiums! Our **UniPAY** option enables you to have your insurance premiums paid automatically, in up to 12* equal monthly installments, from your bank or credit union account.

With **UniPAY**, no large, lump-sum payment is required. And, you can avoid the problems associated with mailing payments, including:

- Mail delays
- Rising postal rates
- Late payments
- Late fees
- Service charges

To initiate the service, simply fill out the attached authorization agreement and submit a voided check (if your deductions are to be taken from that account)

to your Utica National independent insurance agent or, if you have a current **UNIBILL** account, mail the agreement back to us with your next insurance payment.

In order to update your banking records accordingly, you will be notified prior to the initial withdrawal, of the monthly withdrawal amount. Should this amount change for any reason, you will be notified approximately 15 days prior to any change that results in modification of your premium amount.

Should you have questions, please contact the independent agent near you who represents the companies of the **Utica National Insurance Group** or call us at 800-274-1914, ext. 2333.

*Depending on the term of the policy.

The diagram shows a check with the following fields and callouts:

- Check Number:** 3829 (top right)
- Date:** _____ (top right)
- Pay to the Order of:** _____ \$ _____ (middle)
- DOLLARS:** _____ (middle)
- Bank:** _____ (bottom left)
- Memo:** _____ (bottom left)
- Bank Routing Number:** 0684700465 (bottom left, between symbols)
- Account Number:** 8679 7862 3829 (bottom left)

Bank Routing Number
appears between these symbols

Account Number

Check Number

Authorization For Utica National's UniPAY Electronic Funds Transfer Program

I(we) authorize the Utica National Insurance Group, or its subsidiary or affiliated companies, to debit/credit the financial institution account(s) as listed below for payment of the policy premium as premium(s) become due. I(we) further authorize said financial institution to honor such debit/credit entries to my(our) account(s). I(we) agree that if a debit/credit is dishonored, the financial institution shall have no liability even if the dishonored debit/credit results in the forfeiture of insurance. I(we) agree that only written notification from me (the insured) to the financial institution and to the Utica National Insurance Group, or its subsidiary or affiliated companies, will cause this agreement to be terminated.

UNIBILL Account Number or Policy Number(s):

Insured Name: _____
(Please Print)

Phone #: _____

Financial Institution Name:

Bank Routing # _____

Checking Acct. # _____

Savings Acct. # _____

Share Acct. # _____

Day of Month for Withdrawal:

Signature _____
(Insured) *(Date)*

RETURN THIS WITH YOUR CURRENT PAYMENT DUE.