Westfield Insurance WIC draw (EFT) Authorization

I wish to enroll in Westfield Insurance's EFT program.

To enroll: Complete the form below, enclose or fax a blank voided check and return to Westfield Insurance, Attn: EFT Enrollments, PO Box 5001, Westfield Center, OH 44251 or fax to 1.800.283.2422.

I authorize Westfield Insurance to electronically transfer funds from my bank account to pay my premium installment on the due date of my bill or installment schedule. I represent that I am the owner and/or authorized signer for the account listed below. I understand that adjustments may involve credits to my account. I also understand that Westfield will not send me an invoice before scheduled deductions and that it is my responsibility to ensure that sufficient funds are in the account at the time of each scheduled deduction. Insufficient funds may result in the cancellation of my policy(s). If this happens, I will be mailed the cancellation notice(s) required by law. If at any time I wish to cancel this privilege or make changes to my bank information, I will contact Westfield Insurance at 1.800.552.9134. Westfield reserves the right to refuse or terminate automated payment service at any time.

Name	WIC Account or Policy Number	
9-digit Bank Routing Number	() Daytime pho	one number
	Checking	OR Savings
Your Bank Account Number		
Your bank's name, city and state		
Select Withdrawal Date		
would like Westfield to deduct my payn Please note that Defender customers do not ha		
Choose option		
□ Please debit my account for the i	installment due. (No	payment is enclosed
☐ I have enclosed payment, begin	with next installmen	ıt.
Authorized Signature on the Account	t (required)	Date

Important Notice: Enrolling in Westfield's WIC*draw* program <u>does not automatically change your pay plan to monthly</u>. Please contact billing customer service (1.800.552.9134) to change your pay plan.

