

Automatic Payment Option (“EFT”)

Authorization Form



- ✓ Each payment is safe and confidential
- ✓ No postage or installment fees

- ✓ Prevents delayed or lost checks in the mail
- ✓ Save time and money

How to Sign Up

Simply fill out the below form and return by fax, mail, or EFolder upload. *(Please DO NOT email)*

▶ FAX

(877) 349-2174

▶ MAIL

Narragansett Bay Insurance
PO Box 820
Pawtucket, RI 02862

▶ UPLOAD

Agency can upload directly
into account’s EFolder

Automatic Payment Option Authorization Agreement

I authorize Narragansett Bay Insurance Company to electronically debit my designated bank account as payments on my policy become due. In doing so, I understand that this authorization will remain effective until I formally notify Narragansett Bay Insurance Company to cease deductions or if the policy is cancelled for any reason. I understand that Narragansett Bay Insurance Company will notify me of any changes to the deduction amount in advance of the automated draft and reserves the right to terminate this agreement at their discretion.

Insured Name: _____

Policy Number: _____ Phone Number: _____

Financial Institution: _____

Account Type: Checking Account Savings Account

Name on Account: _____

Routing Number: _____

Account Number: _____

Authorized Signature: **X** _____

Sample Check



Routing Number Account Number

* This payment option is available for policies written on NBIC’s new APEX policy processing system.