



1923 Vestal Parkway East
Vestal, NY 13850
(607)-321-2655
www.bcicny.com

Recurring Payment Plan Enrollment Agreement

I hereby authorize Broome Co-operative Insurance Company to initiate withdrawals from my credit card, checking or savings account for premium payments. I understand that in order to terminate the recurring payments I must provide written notice to Broome Co-operative Insurance Company. I further understand that Broome Co-operative Insurance Company reserves the right to remove the recurring payment plan option from my account at any time with written notification.

I understand that the recurring payment amount could vary due to changes in my insurance coverage and when my policy renews. A new payment schedule will be provided at each renewal.

Should a recurring payment be returned by the bank, I understand that I am responsible for a \$30.00 return fee and my policy could be at risk for cancellation for non-payment of premium.

I hereby authorize Broome Co-operative Insurance Company to initiate recurring debit entries to the account listed below:

Policyholders Signature: _____
(Must have signature to authorize recurring payments)

Name (as it appears on policy) Policy Number Phone Number

Checking Savings Credit Card

Bank Name Name on Credit Card

Routing Number Billing Address associated to Credit Card

Account Number Credit Card Number

Expiration Security Code

