

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 email.

▶ FAX

(877) 349-2174

▶ MAIL

Narragansett Bay Insurance
PO Box 820
Pawtucket, RI 02862

▶ EMAIL

customerservice@nbic.com

Automatic Payment Option Authorization Agreement

I authorize Narragansett Bay Insurance Company to electronically debit my:

(Check one) designated bank account or charge my designated credit card

as payments on my policy become due. If a payment is dishonored, I will be charged the applicable return transaction fee. 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. Electronic transactions may show on your statement as ‘Narragansett Bay Insurance’ ‘NBIC Holdings’ ‘NBIC ACH’ or ‘NBIC Insurance Agent’.

** Please do not put account numbers on this form*

NBIC Policy Number: _____

Insured Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone Number: () _____ E-mail Address: _____

By signing this authorization, I acknowledge that I have read and agree to the conditions set forth in this Agreement.

Authorized Signature: **X** _____ Date: _____