



# Easy Pay (EFT) Amendment Form



## Please amend the Easy Pay information for the following policies:

Note: All policies on Easy Pay that are not listed below will remain unaffected. This form must be received at least 5 days prior to your deduction date in order to stop that deduction.

Policy Number:		Policy Number:	
Policy Number:		Policy Number:	
Policy Number:		Policy Number:	
Policy Number:		Policy Number:	

## EFT Information

\_\_\_\_\_  
New Bank/Credit Union Name

\_\_\_\_\_  
New Routing Number

\_\_\_\_\_  
New Account Number ☐ Checking  
☐ Savings

\_\_\_\_\_  
New Desired Payment Date  
(cannot be the 29th, 30th, or 31st)

## Member Information

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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The home office of Mutual of Enumclaw Insurance Company and Enumclaw Property & Casualty Insurance Company is located at 1460 Wells Street, Enumclaw, Washington 98022