

# Westfield Easy Pay – Bank Payment Authorization Form



Welcome to Westfield! To authorize recurring payment(s) from your bank account, please complete and sign the form below then email the signed form to [ElectronicFundsTransfer@westfieldgrp.com](mailto:ElectronicFundsTransfer@westfieldgrp.com). Only use this form for bank accounts; do not include any credit or debit information. To enroll in Westfield Easy Pay with your credit or debit card, go to [westfieldinsurance.com](http://westfieldinsurance.com) and select 'Log In' to register for your My Westfield customer portal account. There, you can securely manage your payments and enroll in Westfield Easy Pay. Westfield waives installment fees when you enroll in recurring payments with a checking or savings account.

All information is required.

## 1 CONTACT INFORMATION

Name  Billing Account Number

Email  Phone Number

(Required for future online billing management)

## 2 BANK INFORMATION

Bank Name  Bank City, State

9 Digit Routing Number  Bank Account Number

Account Type  Checking  Savings  Name on the Account

I authorize Westfield to electronically transfer funds from my account to pay my premium installment on the due date of my installment schedule. I understand that adjustments may involve credits to my account. I understand that sufficient funds must be kept in the account to cover premium payment withdrawals. I understand that if my payment is returned unpaid for any reason Westfield will apply a returned payment fee to my billing account in the amount of the lesser of \$25 or the maximum amount allowed by state law. Insufficient funds may result in the cancellation of my policy(s). If this happens, my policy(s) will receive the cancellation notice required by law. If at any time I wish to cancel this privilege or make changes to my bank information, I will contact Westfield at 1.800.243.0210 (option 2). Westfield reserves the right to refuse or terminate automated payment service.

Authorized Signature on Account (Required) \_\_\_\_\_ Date \_\_\_\_\_

# Billing Quick Reference

## Billing Customer Care for agency partners and customers

### PHONE

1.800.243.0210, option 2

### HOURS

8 a.m. – 8 p.m. EST

### FAX

1.800.283.2422

### E-MAIL

billing@westfieldgrp.com

## Payments received in the agency should be uploaded through WIC on the Web.

### PAYMENT MAILING ADDRESS

Westfield Insurance  
P.O. Box 9001566  
Louisville, KY 40290-1566

### PAY BY PHONE/PAY ONLINE

Visa®, MasterCard®, Discover®  
and Electronic Check  
Call 1.800.766.9133 or  
Go to [www.westfieldinsurance.com](http://www.westfieldinsurance.com)  
Access Code is zipcode

### OVERNIGHT

#### Need to send a payment right away?

Westfield Insurance  
6716 Grade Lane,  
Building 9, Suite 910  
Louisville, KY 40213

Pay Plan	Pay by check	Westfield Easy Pay	
		ACH	Debit/Credit Card
Monthly	\$6.00	-0-	\$6.00
Quarterly	\$6.00	-0-	\$6.00
Semi-annual	-0-	-0-	-0-
Annual	-0-	-0-	-0-

Fees shown above are effective October 22, 2018.

## Advance Notice of NSF fee:

Effective October 22, 2018, if a payment is returned unpaid for any reason Westfield will apply a returned payment fee of \$25, or the maximum allowed by state law up to \$25, to the billing account.

## Billing timeline (dunning cycle) – does not apply to Defender

\*Underwriting can override dunning cycle to issue Direct Notice of Cancellation at one day after due date.

Activity	Timing from Due Date	Output
Invoice	20 days before	Invoice mailed to customer
Past Due	1 day after	Details posted on WIC-on-the-web
Pending Cancel	15 days after	Details posted on WIC-on-the-web
Notice of Cancel	16 days after	Notice to customer, agent, interested 3rd parties
Late Fee	16 days after	\$30.00 billed on next invoice



**WESTFIELD™**