

ACCOUNT BILL REQUEST



Home Office Use Only

Insured: _____

Agency Name: _____ Agent No: _____

NEW BUSINESS

Complete this section and attach to all paper applications submitted.

Payment method: _____ Account Bill _____ Checkless Payment Plan

NOTE: If Checkless Payment Plan, complete and submit a Checkless Payment Authorization Form.

Is the insured new to Mutual of Enumclaw? _____ **Yes** _____ **No** (If no, choose one of the following options:)

Add this policy to account # _____ (one bill or one checkless deduction)

Cross-reference with account # _____ (separate bills or separate checkless deductions)

If more than one application is submitted, please advise how you would like the account(s) set up.

EXISTING BUSINESS

Complete one of the following sections.

Combine existing accounts
(One Bill or One Checkless Deduction)
List the account numbers to be combined.
All policies will be transferred to the first account number listed.

Cross-reference existing accounts
(Separate Bills or Separate Checkless Deductions)
List the account numbers to be cross-referenced.
All accounts will be cross-referenced with the first account listed.

Remove a policy from an existing account
Remove policy # _____ from account # _____ and choose one of the following:

Add to account or policy # _____ (one bill).

Cross-reference with account or policy # _____ (separate bills).

Generate a new account number.

Change payment plan to checkless. (Complete and submit a Checkless Payment Authorization Form.)

Change checkless deduct day on account number _____

NOTE: Account must be "paid to date" or "paid in full".

Checkless deduct day requested: _____

Submitted By: _____ Date: _____