



Erie Insurance ACCOUNT BILLING REQUEST FORM

REQUEST FOR NEW SET UP AGT. # _____

CHANGE REQUEST (ACCT.#) _____ AGT. PHONE # _____

***YOU ARE RESPONSIBLE FOR MAKING ANY ADDRESS CHANGES ON INDIVIDUAL POLICIES.**

Insured's Name _____

Business Name _____

Street Address _____

City _____ State _____ Zip Code _____

Policy Add (A) Delete (D) Indicator	Policy Effective Date	Line of Business	Policy or Binder Number	Down Payment Amount
<input type="checkbox"/> A <input type="checkbox"/> D	_____	_____	_____	_____
<input type="checkbox"/> A <input type="checkbox"/> D	_____	_____	_____	_____
<input type="checkbox"/> A <input type="checkbox"/> D	_____	_____	_____	_____
<input type="checkbox"/> A <input type="checkbox"/> D	_____	_____	_____	_____
<input type="checkbox"/> A <input type="checkbox"/> D	_____	_____	_____	_____
<input type="checkbox"/> A <input type="checkbox"/> D	_____	_____	_____	_____
<input type="checkbox"/> A <input type="checkbox"/> D	_____	_____	_____	_____
<input type="checkbox"/> A <input type="checkbox"/> D	_____	_____	_____	_____

Total Cash Applied: _____

Payment Plan _____ 9 month _____ 10 month _____ Quarterly _____ Semi-Annual

Due Date _____ 1st _____ 8th _____ 16th _____ 24th

***11 and 12 month pay plan must have Home Office approval from the Billing Section.**

Additional Comments:

NOTE: New accounts will not be set up until all policies listed are entered.

If it is necessary to fax a copy of this form to the Home Office, please use fax number: (814) 870-2280.