



CRM – Amending Checkless Pay Information*

Please amend the Checkless Pay information for the following policies:

* All policies on Checkless Pay that are not listed below will remain unaffected. This form must be received at least 4 days prior to your deduction date in order to affect that deduction.

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

New Routing Number: _____
 New Account Number: _____
 New Deduction Date Desired: _____

 Insured's Printed Name Date

 Insured's Phone Number or Email Address

ENUMCLAW INSURANCE GROUP
 Mutual of Enumclaw Insurance Company
 Enumclaw Property and Casualty Insurance Company