



Erie Insurance®

100 Erie Insurance Place • Erie, Pennsylvania 16530

REQUEST TO REMOVE POLICY FROM ERIExpressPAY

Name: _____

Street Address: _____

City: _____ State: ____ Zip Code: _____

Please remove policy number Q _____ from the ERIExpressPay program.

Change my payment plan to: _____

Please sign below to authorize this change:

Signature: _____

Date: ____/____/____

Daytime phone number: (____) _____

PREMIUM PAYMENT PLANS

PLAN A — (NO CHARGE) Pay your full annual premium on or before the policy's effective date.

PLAN B — (NO CHARGE) Pay one-third of your premium by the policy's effective date, another one-third in 30 days, and the balance one month later.

PLAN C — (NOMINAL CHARGE) Pay one-fourth of your premium by the policy's effective date and one-fourth 30 days later. The balance will be due six months from the effective date.

PLAN D — (NOMINAL CHARGE) Pay one-fourth of your premium by the policy's effective date and one-fourth every three months thereafter.

MONTHLY – (NOMINAL CHARGE) Pay one-ninth of your premium by the policy's effective date. Eight more installments will be due in 30-day intervals.

Send completed form to Premium Cash Processing or fax 1-814-870-2250