



# Erie Insurance ACCOUNT BILLING REQUEST FORM

ACCOUNTING USE ONLY  
-Not for Policy Changes-

REQUEST FOR NEW SET UP AGT. # \_\_\_\_\_

CHANGE REQUEST (ACCT.#) \_\_\_\_\_ AGENT PHONE # \_\_\_\_\_

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

Insured's Name \_\_\_\_\_

Business Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Policy Add (A) Delete (D) Indicator A D	Policy Effective Date	Line of Business	Policy Number	Pay Plan*	Down Payment Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Total Cash Applied:** \_\_\_\_\_

**Due Date** \_\_\_\_\_

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) 461-6635 or 855-206-9413.