



Erie Insurance ACCOUNT BILLING REQUEST FORM

ACCOUNTING USE ONLY
-Not for Policy Changes-

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 Number	Pay Plan*	Down Payment Amount
A D					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Cash Applied: _____

Due Date _____

***11 and 12 month accounts must have prior Home Office approval.**

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.