

Step by step guide to a faster easier way to pay your insurance premium.

1. Enclosing or faxing a voided check with the enrollment is recommended.
2. Write in your bank's routing number and your account number using the example of the check below. (A credit union or savings account may be used. Please call your bank to verify the correct routing number and account number – those types of accounts may use different numbers for EFT).
3. Check the box below if you wish to pay your current invoice via WICdraw (EFT). (We must receive your request by the due date of your installment). Westfield will process your WICdraw enrollment and debit your account.

John Q. Customer
1234 Main Street
Anytown, PA 12345

Date _____

Pay to the order of _____ \$ [] Dollars

Your Financial Institution
Anytown, PA 12345

For _____

⑆ 23456789⑆ ⑆ 23456⑆ ⑆ 23⑆

9 digit routing number account number
(personal checks)

4. Sign and date.
5. Return enrollment form to: Westfield Group, Attn: EFT Enrollments, PO Box 5001, Westfield Center, OH 44251 or fax to 1-800-283-2422 by the due date of your installment.
6. Continue to pay by check until your invoice indicates **AUTOMATIC DEBIT NOTICE** (unless you have selected the option below to debit your installment due).

For questions, contact Westfield Group Billing Customer Service:
Mon – Fri 8:00 – 5:30 EST
Phone -1-800-552-9134
Email – WIC@Westfieldgrp.com
Fax -1-800-283-2422

YES I wish to enroll in Westfield Group's WICdraw program.

I authorize Westfield Group to electronically transfer funds from my account to pay my premium installment on the due date of my bill. I also understand that adjustments may involve credits to my account. I understand that sufficient funds must be kept in the account to cover premium payment withdrawals. Insufficient funds may result in the cancellation of my policy(s). If this happens, my policy(s) will receive the cancellation notice required by law. If at any time I wish to cancel this privilege, I may contact Westfield Group. Westfield Group reserves the right to refuse or terminate automated payment service.

Name _____ WIC Account Number to enroll in WICdraw _____

[: _____ [: Checking Savings _____
9 Digit Routing Number Bank Account Number

Your bank's name, city, and state _____

Choose option

- Please debit my account for the installment due. (No payment is enclosed)
- I have enclosed payment, begin with next installment

Authorized Signature on the Account (required)

Date