

# UCA EZ-PAY DIRECT BILL AUTOMATIC PAYMENT FORM

## UCA General Insurance Services

6363 Katella Ave.  
Cypress, CA 90630

Named Insured: \_\_\_\_\_

DBA: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

*We require the following information to set up automatic premium payments with UCA EZ-Pay:*

Debit Card

Credit Card

Bank Account

Company Name:			
First Name:			
Last Name:			
Address:			
Apt. or Suite #:			
City/State/Zip	City:	State:	Zip:
Contact Phone:			

Card Number:			
Exp. Date (Mo/Yr):			
Bank Name:			
ABA Routing#:			
Account #:			
Amount \$:			
Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard (AMEX & Discover not accepted)

**\*\*PAYMENTS MADE BY CREDIT CARD ARE SUBJECT TO A TRANSACTION FEE\*\***

Automatic for ALL premium payments?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Email Address:		

Print Name: \_\_\_\_\_

Authorization Signature/Date: \_\_\_\_\_

Questions? Contact our Accounting Department at 714.228.7888 or visit our website at:

***www.ucageneral.com***