

ePAY Authorization Form



Fax completed form to:
717.238.1368

Or mail completed form:
PA Chamber Insurance
417 Walnut Street
Harrisburg, PA 17101

PA Chamber Insurance offers our customers a convenient electronic payment program at no extra charge. To enroll in the ePay program, please fax or mail this form to PA Chamber Insurance. Deductions will start the month following receipt.

I authorize PA Chamber Insurance to initiate debit entries, credit entries and adjustments for any debit entries in error to the account and the depository noted below, and to debit and/or credit to this account in the monthly amounts owed by PA Chamber Insurance.

On or about the 20th of each month, I authorize PA Chamber Insurance to initiate ACH debits from the account and the depository noted below in the exact amount billed by PA Chamber Insurance to the company name and Org. ID listed below.

Company Name: _____ Org. ID: _____

Bank Name: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

Select one: Checking Account Savings Account

****voided check copy required for the bank account to which funds are to be deducted.**

Print Authorized Name: _____

Authorized Signature: _____ Date: _____

Email Address: _____

Sign Up to Go Green!

Please join our effort to conserve paper by enrolling in our Go Green program. Just check the box below to receive your invoice electronically. It's fast, secure and best of all — paper-free:

Yes. I want to Go Green, please enroll me.