



Payment Options

Online: Visit www.westfieldinsurance.com to pay with your debit card, credit card or an e-check through your checking account (up to \$5,000). Online payments are fast and secure. Westfield offers this service in partnership with JPMorgan Chase Pay Connexion. A \$5.95 processing fee is collected by JPMorgan Chase for each transaction.

Phone: Call 1.800.766.9133, to pay with your debit card, credit card or bank account over the phone. Westfield offers this service in partnership with JPMorgan Chase Pay Connexion. A \$5.95 convenience fee is collected by JPMorgan Chase Pay Connexion for processing each transaction.

Electronic Funds Transfer (EFT): With this service, Westfield draws payments directly from your checking, savings or credit union account. Installment fees are waived when you pay by EFT, saving monthly customers up to \$48 a year!

Mail: Mail your payment to the remittance address listed on your bill.

Billing Customer Service
Monday – Friday, 7:00 a.m. to 5:30 p.m. EST
1.800.552.9134
billing@westfieldgrp.com

Yes! I wish to enroll in Westfield Insurance’s EFT program.

To enroll: Complete the form below, enclose or fax a blank voided check and return to Westfield Insurance, Attn: EFT Enrollments, PO Box 5001, Westfield Center, OH 44251 or fax to 1.800.283.2422.

I authorize Westfield Insurance to electronically transfer funds from my account to pay my premium installment on the due date of my bill or installment schedule. 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 or make changes to my bank information, I will contact Westfield Insurance at 1.800.552.9134. Westfield reserves the right to refuse or terminate automated payment service.

Name

WIC Account Number to Enroll in EFT

[: _ _ _ _ _]: 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