

**NEW YORK CENTRAL MUTUAL**  
1899 CENTRAL PLAZA EAST  
EDMESTON, NY 13335-1899



**ELECTRONIC FUNDS TRANSFER  
REQUEST SHEET  
FAX: (607) 965-2712**

DATE \_\_\_\_\_

AGENCY CODE \_\_\_\_\_

AGENCY NAME \_\_\_\_\_

(Please Print)

<b>Insured's Last Name</b> _____ <b>Policy Number</b> _____ <b>Amount Paid</b> _____	<b>Insured's Last Name</b> _____ <b>Policy Number</b> _____ <b>Amount Paid</b> _____
<b>Insured's Last Name</b> _____ <b>Policy Number</b> _____ <b>Amount Paid</b> _____	<b>Insured's Last Name</b> _____ <b>Policy Number</b> _____ <b>Amount Paid</b> _____
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