



**CRM - Checkless Pay Removal Form\***

Please remove the following policies from Checkless Pay:

\* All policies on Checkless Pay that are not listed below will remain unaffected. This form must be received at least 4 days prior to your deduction date in order to stop that deduction.

Policy Number:	
Policy Number:	
Policy Number:	
Policy Number:	
Policy Number:	
Policy Number:	
Policy Number:	
Policy Number:	
Policy Number:	
Policy Number:	
Policy Number:	
Policy Number:	
Policy Number:	
Policy Number:	
Policy Number:	
Policy Number:	

\_\_\_\_\_  
Insured's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Insured's Phone Number or Email Address

ENUMCLAW INSURANCE GROUP  
Mutual of Enumclaw Insurance Company  
Enumclaw Property and Casualty Insurance Company