



DIRECT PAYMENT AUTHORIZATION FORM (ACH Debits)

Please choose one of the payment plans below.

- Preferred Monthly 12 Equal Monthly Installments (Only Available for ACH)
- Standard Monthly 12.5% down, 11 Monthly Installments
- Quarterly 25% down, 3 Equal Quarterly Installments
- Pay In Full

<input type="checkbox"/> Yes, I want to <i>Go Green!</i> ... please send e-Statements to the above email address.	<input type="checkbox"/> Insured's email address if different than e-Statement email address.
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Please complete the information below.

Checking Account (or) Savings Account

BANK ACCOUNT NUMBER _____

BANK ROUTING NUMBER _____

BANK NAME _____

BANK CITY AND STATE _____

POLICY NUMBER _____

INSURED'S NAME (PLEASE PRINT) _____

DAYTIME PHONE NUMBER _____

Please sign the authorization below.

I hereby authorize Medicus Insurance Company to initiate electronic debit entries to the bank account indicated above in accordance with my chosen payment plan. This authorization will remain in effect until I have provided written notification to the contrary to Medicus Insurance Company. This authorization shall extend to include any revised payment amounts which result from policy endorsements.

SIGNATURE _____ DATE _____

ATTACH A VOIDED CHECK HERE

John D. Public 55 Elm Street Anywhere, CO 01234	VOID	9000						
Pay to the order of _____ \$ _____		Dollars						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Routing Number</td> <td style="padding: 2px;">Account Number</td> <td style="padding: 2px;">Check Number</td> </tr> <tr> <td style="padding: 2px;">: 123456789</td> <td style="padding: 2px;">: 554463401</td> <td style="padding: 2px;">9000</td> </tr> </table>	Routing Number	Account Number	Check Number	: 123456789	: 554463401	9000	_____	
Routing Number	Account Number	Check Number						
: 123456789	: 554463401	9000						

Fax the completed form to 888-495-2188 or email to billing@medicusins.com.