



Direct Payment Authorization Form (ACH Debits)

Please choose one of the payment plans below.

- EasyPay - Preferred Monthly 12 Equal Monthly Installments (Only Available for ACH)
 EasyPay - 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 ROUTING NUMBER _____

BANK ACCOUNT NUMBER _____

BANK NAME _____

BANK CITY AND STATE _____

POLICY NUMBER _____

INSURED'S NAME (PLEASE PRINT) _____

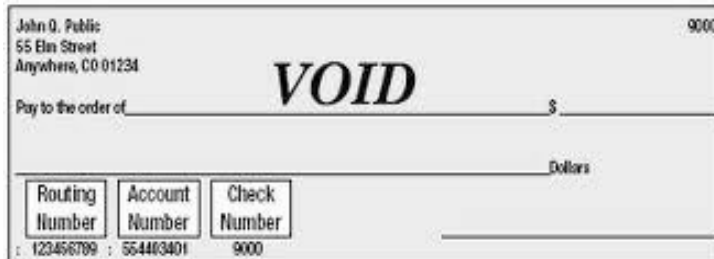
DAYTIME PHONE NUMBER _____

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



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