

You have a new payment option...

We are pleased to offer you the convenient option to pay using EFT –
Electronic Funds Transfer.

If convenience is what you are after, our EFT program is the easy choice. With your authorization, MMIC Agency, LLC will automatically transfer funds from your checking or savings account each month for your monthly payment.

If you are interested in paying your monthly premium on your renewal policy electronically, simply complete the EFT authorization form and attach a blank voided check. The authorization form can be downloaded by visiting our website at:

<http://www.medicalmutualgroup.com/mmicnc/accounting>

Or, simply contact our accounting department at 1.800.662.7917 x 7509 and a form can be faxed or emailed to you.

Please note: Authorization Forms must be completed and received in our office at least 20 days prior to the first draft.



Electronic Funds Transfer (EFT) Authorization

The Electronic Funds Transfer (EFT) Authorization
must be received 20 days prior to the initial draft date

EFT Authorization

Policyholder's Name (please print):	
Policy Number:	Name of Bank/Credit Union:
Home Phone:	Account/Member Number:
Work Phone:	Bank Routing Number (9 digits):
Payment Options (please select one): <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> 10-Pay	

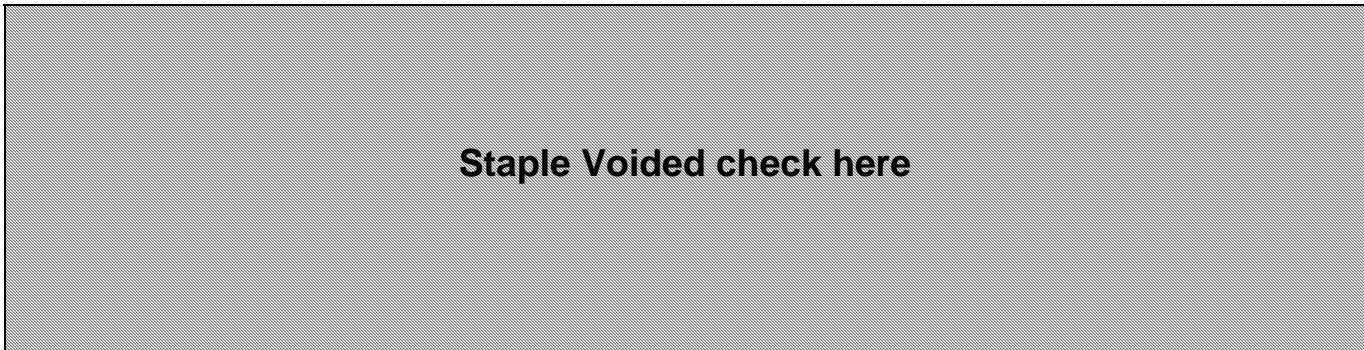
Terms of Agreement

1. I authorize my Bank or Credit Union to honor MMIC Agency, LLC's electronic funds transfer request for my insurance premium on any new, renewal or replacement policy. **Please contact your financial institution prior to submitting this form to insure that MMIC Agency, LLC is authorized to draft your account and that no further action is needed. Failure to do so may prevent MMIC Agency, LLC from drafting your account resulting in a delay of payment of your malpractice coverage.**
2. I understand that changes made to my policy may change my premium amount, and that these changes may not be immediately reflected in my EFT deductions. I understand I must allow at least eight business days prior to the deduction date for changes to be reflected in my EFT deduction.
3. I understand that I can stop this EFT deduction at any time by contacting MMIC Agency, LLC at least 20 business days prior to the deduction date.
4. I understand that if I select EFT deduction and later stop this EFT deduction, then I may not choose to use EFT deduction again until the next renewal period of my policy.
5. I understand that the policyholder's name on this authorization form, and the name on the voided check being provided, must match. I also understand that MMIC Agency, LLC cannot guarantee an EFT deduction will be made if the names do not match, and that it is my responsibility to make arrangements with my financial institution to process this request.
6. I understand that if I change financial institutions or close my checking account, then I must complete a new authorization form and attach a new voided check in order to continue my EFT deductions. Financial institution changes must be received by MMIC Agency, LLC at least 20 business days prior to the deduction date.
7. I understand that if there are insufficient funds in my account on the deduction date, then MMIC Agency, LLC will make a second EFT deduction attempt. I understand that any fees charged by my financial institution associated with the second deduction attempt are my responsibility and will not be paid or reimbursed by MMIC Agency, LLC. If three instances of insufficient funds occur during the current policy term, then the EFT deduction option will be rescinded.

***NOTE:** To ensure proper completion of the EFT process, please mail the original form with a voided check to:

MMIC Agency, LLC
Attn: Accounting Dept.
PO Box 98028
Raleigh, NC 27624-8028

I have attached or stapled in the space below a voided check (not a deposit slip).



Signature: _____ Date: _____