

AutoPAY: The easy way to pay.

As a company built by doctors for doctors, we take pride in providing exceptional service to our members. This includes our convenient **AutoPAY** Program. It's easy and it saves you time and postage. No more writing of checks or worrying about late payments. With **AutoPAY**, your financial institution automatically deducts funds from your checking account to pay your installments.

Once enrolled, you won't need to send payments in advance of the due date, and you won't have to worry about paying your installment. You'll receive statements showing your automatic payment deduction.

AutoPAY will begin on the due date of your next installment. Your next premium statement will show "No Payment Due," and your monthly bank statement will reflect the appropriate debit.

With every added service and new program, we strengthen our considerable ability to relentlessly defend, protect, and reward our physician members. It's further testimony that we are more than an insurance company. We are The Doctors Company.

Three steps to enroll in **AutoPAY**.*

1. Complete the **AutoPAY** program authorization form below.
2. Void a check from your checking account (savings accounts are not eligible).
3. Return the completed authorization form, voided check, and your current premium installment along with the remittance copy.

* Groups please note: We must deduct the total amount due for all physicians under a group policy from one checking account.

NOTE: The Doctors Company reserves the right to refuse or terminate electronic payment services. This agreement is to remain in effect until The Doctors Company terminates it or until we receive your written notification of its termination 30 days in advance.

Sign up today to receive a one-time \$25 credit.

Please enclose this authorization along with your premium remittance copy, your current premium installment, and a voided check in the envelope provided. For more information, contact your agent, or call The Doctors Company's Premium Accounting Department at (800) 421-2368, extension 1460.

185 Greenwood Road P.O. Box 3300 Napa, CA 94558-0030
(800) 421-2368, extension 1460 www.thedoctors.com/members

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AutoPAY Program Authorization Form

Insured's name _____

Policy number _____

Billing account number _____

E-mail address _____

Daytime phone _____

Daytime fax _____

Terms of Agreement: I have an account at the financial institution named and for all debit entries have funds sufficient to pay such entries. A \$25 fee will be charged for insufficient funds. Electronic debiting shall be initiated by The Doctors Company to pay your premiums for the above-listed policy. No payment to The Doctors Company shall be deemed to have been made unless and until The Doctors Company has received actual credit. I understand my direct electronic payment of the billed amount will be debited on the premium due date indicated on my statement.

Signature _____

I authorize THE DOCTORS COMPANY and my financial institution to begin electronic debiting of my checking account listed below.

Your billing address _____
(where you receive your bills)

City _____ State _____ Zip _____

Name of financial institution _____

Name on account _____

Address of financial institution _____

Checking transit/ABA number _____
(The nine-digit number between the two colons on the bottom of your check.)

Checking account number _____

Date _____