

TMIC's Direct Debit Plan makes timely payments easy.

With TMIC's Monthly Direct Debit Plan, you can relax. . . Your premium payment will be made automatically! Direct Debit ensures that your premium payment will be made on time with a minimal service charge. Save yourself the inconvenience of remembering to write, sign and send a check for your insurance premium payment. Instead, Direct Debit drafts your bank account on a monthly basis. Direct Debit makes it so easy to budget your monthly cash flow! **Save time and save worry. Choose TMIC's Monthly Direct Debit Plan if you haven't already done so!** If you have questions, contact a TMIC accounts receivable representative at 800-580-8658.

Unless you choose the Monthly Direct Debit Plan, you will be billed on a quarterly basis. **The Direct Debit Plan is available to TMIC policyholders with annual premiums over \$300.**



Texas Medical Insurance Company Authorization Agreement for Direct Debits

I (We) authorize TMIC to initiate debit entries to my (our) account with the depository named below limited to the payment of policy premiums due to TMIC for medical liability coverage I currently have or may purchase. If TMIC erroneously debits funds from my (our) account I (we) authorize TMIC to initiate the necessary credit entries not to exceed the total of the original amount debited for the entry in question. TMIC shall not be required to give notice of premiums becoming due while this authorization in effect. Debits shall be made to my (our) account on or about the premium due date.

This authorization shall terminate immediately upon receipt by the financial institution and TMIC from me (us) of a written revocation of this authorization, and may be terminated by the financial institution upon 30 days written notice to TMIC and me (us), and shall automatically terminate immediately upon the closing of my (our) account with the financial institution.

If this debit is not honored by the financial institution and payment to TMIC is not made within the time stipulated in my medical liability coverage policy, said policy shall be terminated in accordance with the provisions of the policy.

Name of Insured: _____

TMIC Account Number: _____ Policy Number: _____

Name of Financial Institution: _____ Bank Savings & Loan Credit Union Other

City, State and Zip of Financial Institution: _____

Transit/ABA Number: _____ Checking Account Savings Account Number: _____

Name of Depositor (as shown on financial institution records): _____

Depositor's Address: _____

Signature of Financial Institution Depositor (as shown on financial institution records) _____ Date _____

**Staple voided check here. Make a copy of this form for your records.
If you are already taking advantage of the Direct Debit Plan, you do not need to submit a new form.**



Do due dates
keep you
running?

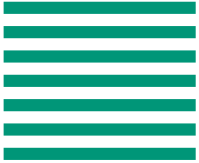


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BUSINESS REPLY MAIL
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POSTAGE WILL BE PAID BY ADDRESSEE

TEXAS MEDICAL INSURANCE COMPANY
PO BOX 160140
AUSTIN TX 78716-9955



Jumping
through hoops
to meet
deadlines?

