

Group Electronic Funds Transfer Authorization/Change Form

Electronic Funds Transfer (EFT) is a convenient option for making monthly premium payments. EFT allows Physicians Plus to automatically transfer funds from your checking or savings account and apply them to your monthly premium payment. Funds are withdrawn from your account on the **first of each month for that month of service**. Please complete the form below to enroll or update your information.

New Group Update

Account Type (circle one): Checking Savings

- For Checking Account, **attach a voided check**.
- For Savings Account, provide:

Account Number: _____

ABA Transit Number: _____
(contact financial institution for this number)

Financial Institution Name: _____

Financial Institution Address: _____

Company Name (please print): _____

Group Number: _____

I hereby authorize Physicians Plus to initiate debit entries from the account indicated above at the named financial institution. I understand this authority is to remain in effect until I provide Physicians Plus and depository written notification of its termination. Requests to terminate the EFT debit entries must be received two business days prior to the next scheduled withdrawal date to successfully submit the termination request to the depository institution. I also understand if more than one debit entry is returned Non-Sufficient Funds (NSF) in a twelve month period, Physicians Plus will discontinue the automatic withdrawal of funds from my account. Future payments will need to be made by guaranteed funds without default for a 12 month period before being able to apply for EFT withdrawals again.

Group Administrator's Signature: _____ Date: _____

Send completed form (with voided check) to:
Physicians Plus Insurance Corporation
Attn: Billing Department
P.O. Box 269001
Plano, TX 75026-9001

Please call (800) 916-9162 with any questions.