Save Time & Money
With Automatic Bank Withdrawal

Enrollment is easy!

1. Complete the Policyowner's Information section.
2. Sign and date the Authorization below.
3. Attach a voided check or savings deposit slip to this form.
4. Enclose your payment coupon with your premium due.
5. Mail to: **Physicians Mutual®**
   PO Box 3313
   Omaha, NE 68103-0313

If you prefer, you can set up your premium payment on automatic bank withdrawal over the phone by calling us at **1-800-228-9100**.

You can also go to our website at **PhysiciansMutual.com.**

Policyowner's Information

Policyowner's Name _____

Address _____
Street

_____
City State Zip

☐ Check here if this is a new address Phone Number ( ) _____

Email Address _____
(for service and product updates from us)

Policy Number _____ Requested Withdrawal Date (1st – 28th) _____
Date of month

Policy Number _____ Requested Withdrawal Date (1st – 28th) _____
Date of month

Authorization to Withdraw Funds

By Physicians Mutual Insurance Company and Physicians Life Insurance Company and Physicians Select Insurance Company

I authorize the Company to initiate electronic debit entries to my account. I agree the Company's rights regarding each withdrawal will be the same as if I personally withdrew the funds. The withdrawals made by this method may be stopped by me with thirty (30) days written notice and is to remain in effect until you receive notice from me to revoke it. I understand this authorization can be discontinued immediately for any reason by the Company and will be discontinued if my account is closed or if there are insufficient funds on the scheduled date of the withdrawal.

X _____ _____
Bank Account Owner's Signature Date

Attach a voided check or savings deposit slip here. ▶