

ACH Authorization

I (we) authorize **Missouri Doctors Mutual Insurance Company** to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Date(s) _____ Amount _____ Date: _____ Amount: _____

Date: _____ Amount _____ Date: _____ Amount: _____.

Date: _____ Amount _____ Date: _____ Amount: _____.

Date: _____ Amount _____ Date: _____ Amount: _____.

Date: _____ Amount _____ Date: _____ Amount: _____.

Date: _____ Amount _____ Date: _____ Amount: _____.

Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name on Account:	
Bank Routing Number	
Bank Account Number	
Bank Name:	
Bank City, State:	

I (we) understand that this authorization will remain in full force and effect until I (we) notify MoDocs in writing, that I (we) wish to revoke this authorization. I (we) understand that MoDocs requires at least **30 days prior** notice in order to cancel this authorization.

If the payment is rejected due to Non Sufficient Funds (NSF), I understand that MoDocs may attempt to process the transaction again within 30 days, and I agree to an additional **\$25** charge for each attempt that is returned due to NSF, which will be initiated as a separate transaction from the authorized payment.

E-Mail Address _____

Name(s) _____

Signature _____ Date _____

***A new ACH form will need to be signed at renewal.
For verification of account name and numbers, please send a check marked VOID.
Thank You***