

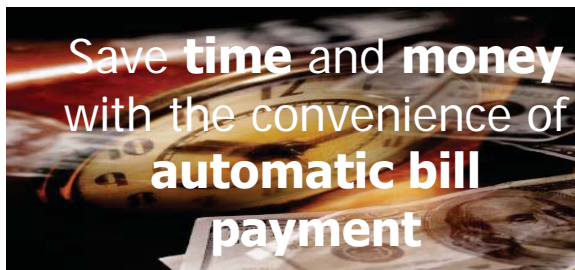


Automatic Bill Payment

Automatic Bill Payment gives you the convenience, security and savings with premium payments being automatically withdrawn from your account. You save time, money and ensure your payments are always on time without the worry of lost or misplaced payments. FirstComp's **FREE Automatic Bill Payment** service is the easiest way to make your premium payments.

3 Easy Steps

- 1 Carefully read Authorization Agreement
- 2 Complete the Authorization form
- 3 Detach and Return the Authorization form to FirstComp **with a voided check**



Authorization Agreement

I authorize FirstComp and my financial institution named on the authorization form to deduct the amount billed each month. I understand my automatic payment will be deducted on the due date of each bill. If payment is unable to be drafted, I understand there may be a returned payment fee.

Policies in good standing and set up on Electronic Funds Transfer (EFT) will automatically renew on the policy effective date each year and the down payment for the renewal policy will be withdrawn on the policy effective date. If I do not wish to renew my policy with FirstComp, or do not wish to have the down payment taken from my account and/or the EFT process continued, I must notify FirstComp 2 business days prior to the renewal policy effective date.

Authorization Form

PLEASE PRINT OR TYPE **Note all contact information is required**

Name (as shown on your statement)

Policy number

Address

City

State

Zip Code

Daytime Telephone Number (including area code)

Email Address

Payment Information

Down Payment & Installment

Account Type: Checking Account Savings Account

Financial Information

Name of Bank or Financial Institution

City

State

Zip Code

Bank or Financial Institution Account Number (**enclose a voided Check**)

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ABA/Routing Number (9 digits at bottom of your check)

I authorize FirstComp and the Financial Institution named to deduct the payment specified from the account identified. I understand my automatic payment will be deducted on the due date of each bill.

In making the authorization I agree to the Authorization Agreement.

Signature of Account Holder

Date

(form cannot be processed without signature)

Return this Authorization Form and **VOIDED CHECK** to:



Automatic Bill Payment

P.O. Box 3009

Omaha, NE 68103-0009

Toll Free Phone (888) 500-3344

Toll Free Fax (866) 338-2667