

## Payment Plan Change

Authorized by	Phone #	Email

Policyholder	Policy	New Plan Selection

Please complete the following section only for a Direct Debit plan selection.

Financial Institution	Account #	Routing #	Type

Policyholder hereby authorizes Medical Mutual Insurance Company of Maine ("Medical Mutual") to originate debit/credit entries and transfer funds to or from Policyholder's designated account in connection with payment of the insurance policy premium owed by Policyholder to Medical Mutual ("ACH Transactions"). Policyholder agrees that each ACH Transaction shall comply with all applicable federal and state laws, regulations, and rules. Policyholder further agrees to comply with the Operating Rules of the National Automated Clearing House Association.

Policyholder acknowledges that the ACH Transaction under this Agreement may take up to seven (7) days to complete.

This Agreement shall remain in full force and effect until Medical Mutual has received notice from Policyholder that the Agreement is terminated. Notice must be given to Medical Mutual Insurance Company of Maine at least five days before the effective date of termination. Any questions regarding this Agreement or any ACH Transaction should be directed to the Medical Mutual Accounting Department by phone at 207-775-2791.

Policyholder hereby represents and warrants the following to Medical Mutual:

1. Policyholder shall maintain a sufficient balance in the account to cover any debit entries to the account. If a transaction is rejected due to insufficient funds, Medical Mutual may charge the Policyholder \$15.00 for each rejected transaction.
2. In the event that any entry is returned to Medical Mutual for any reason, including for insufficient or uncollected funds, stop payment, or unauthorized entry, Policyholder shall promptly pay Medical Mutual using an alternative means of payment required by Medical Mutual.
3. Policyholder shall defend, indemnify and hold Medical Mutual harmless against all actions, costs, claims, losses, damages, and expenses, including attorneys' fees, directly or indirectly arising out of or in connection with Policyholder's failure to comply with any of the terms or conditions of this Agreement.

This Agreement shall be construed in accordance with and governed by the laws of the State of Maine, without regard to its conflict of laws provisions.

By signing this form, the undersigned shall authorize Medical Mutual to debit/credit Policyholder's designated account at the Depository Financial Institution, subject to the terms and conditions of this Agreement. Policyholder shall be legally bound to this Agreement to the same extent as if signing a paper document. Please print a copy of this Agreement for your records.

ATTESTATION OF SIGNER: I hereby certify to Medical Mutual that I am duly authorized to execute this Agreement and to authorize the ACH Transactions on behalf of Policyholder.

Signature	Date