

Authorization Agreement Automatic Payment Withdrawal (APW)

The Dentists Insurance Company
1201 K Street, 17th Floor, Sacramento, CA 95814



As part of the TDIC family, we invite you to enroll in our convenient Automatic Payment Withdrawal (APW) program. This free service allows you to pay monthly installments without the hassle of checks, postage or interest charges. Our goal is to create easy and reliable ways for you to manage your payments with us. Follow the steps below and sign up today!

Please keep a copy of this Authorization Agreement for your records

The designated monthly withdrawal date will be on the 20th of each month, or the following business day.

1. Check one:

- New enrollment.** Please enroll me (us) in the TDIC APW program using my (our) designated depository/bank account identified below. New enrollments may take up to two (2) invoices to take effect. New enrollees will be notified on their invoice when APW has been implemented.
- Bank change.** Please change my (our) designated depository/bank account for the TDIC APW program to the depository/bank account identified below. Depository/bank change requests received 5 days or more before the designated monthly withdrawal date will be effective on the next withdrawal date. Changes received 4 days or less before the designated monthly withdrawal date will be effective the following month.

2. **TDIC policy number(s)** _____

3. **Email address** _____

4. Depository or Bank / Account Holder information (please print clearly)

- Business Account Personal Account

Depository/Bank name _____ City _____ State _____ ZIP _____

Routing/transit number (first 9-digits) _____ Account number (next 10–12 digits) _____

Your 9-digit routing number and bank account number can be found in the lower left of your check



5. Agree and sign

I (we) hereby authorize The Dentists Insurance Company ("Company") to initiate automated debit entries to my (our) depository/bank account indicated above ("Account") for the policies indicated in section 2 for the appropriate monthly installments and any additional charges, including, but not limited to, premium; any non-sufficient funds (NSF) charges, taxes, fees, the final premium determined after the end of the coverage period ("Final Premium") and any other charges debited against my account, subject to the terms and conditions in Section 6 below.

My (our) signature(s) below signifies that we are account holders on the account designated above and authorize(s) TDIC to withdraw APW payments:

Enrollee #1

Enrollee #2 (if applicable)

Print name _____

Print name _____

Signature _____ Date _____

Signature _____ Date _____

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6. Terms and Conditions

This authorization includes all other adjusting entries, either debit or credit, that may be required with respect to the policy(s) identified above. I (we) certify that the bank/depository and routing/transit information in section 4 above accurately identify the Depository and the Account from which automated debits should be made. I (we) further agree that the amount of such debits may vary due to coverage changes I (we) initiate and due to factors reflected in the determination of the Final Premium for the policy(s) identified above.

I (we) acknowledge that the origination of automated debit entries to my (our) Account must comply with all provisions of U.S. law.

Each automated debit with respect to monthly installments will be made on the 20th day of each calendar month, but if the scheduled date of a debit falls on a weekend or a legal holiday, the debit will occur on the next following business day. However, at the time of each annual policy renewal, the first automated debit may be delayed up to approximately five additional business days. Each automated debit or credit with respect to Final Premium will be made on your next designated withdrawal date after completion of the Final Audit. An automated debit or credit with respect to Final Premium will be made even if you dispute the amount of such debit or credit, subject to adjustment if the Final Premium is revised.

If there are insufficient funds to cover an automated debit, the Account is frozen or closed, I (we) stop payment on the debit, or the automated debit is not made for any other reason, I (we) remain responsible for paying the premium installment directly to Company on a timely basis. If an automated debit cannot be made, Company is authorized, in its discretion, to (i) attempt to initiate the debit again at a later time, or (ii) increase the amount of future automated debits to cover the unsuccessful automated debit. Company is not liable for any losses incurred by reason of any failure in the automated debit process. I (we) are responsible for any fees that may be imposed by the Depository. If my (our) Account is frozen or closed, or there are insufficient funds in the Account on any two debit dates, Company may terminate the automated debits by giving me (us) written notice at my (our) address as shown in Company's records.

I (we) may terminate automated debits by notifying Company in writing via fax or mail, to the fax number or mailing address in Section 5, and the termination will be effective ten business days after the date the notice is received by Company. Following any termination of automated debits by either Company or me (us), I (we) will be responsible for paying my (our) remaining premium payments and any other amounts due in full, directly to Company.

This authorization shall be governed by and interpreted in accordance with the laws of the State of California, without giving effect to any choice of law rule that would cause the application of the laws of any other jurisdiction to the rights and duties of the parties.