



Dear Insured:

We are pleased to offer you a program designed to help you manage the cost of workers' compensation insurance coverage. You can have your premium payments automatically transferred from your checking, savings or money market account on the 5<sup>th</sup> of each month through electronic funds transfer at no extra cost to you.

We will mail your bill at least 15 days prior to the due date. This allows ample time to contact us with any questions about the amount of withdrawal and ensure that sufficient funds are available. Nonsufficient funds (NSF) in your account at the time of withdrawal will result in immediate cancellation of the policy.

Initially, the installments will be equal; however, your payments may fluctuate as changes occur in your business or other matters affecting your premium. If the adjustment results in a credit balance, no withdrawals will be made until your credit balance is erased. Once a balance is due, you will receive a bill and the withdrawals will begin. In the unlikely event of an error, we will make the proper corrections, credit your account electronically and advise your financial institution of our mistake.

If you change your financial institutions, banking or accounts, please contact our Accounting Department immediately to ensure uninterrupted payment of premiums.

Once a policy period has ended, you will receive a Final Premium Audit bill. Because final premium audits are subject to greater fluctuation than regular monthly bills, you will be asked to notify us if you would like the funds electronically transferred or if you prefer to pay by check. If the audit results in a credit, a refund will be mailed to the billing address within 30 days.

To apply for electronic funds transfer, simply complete the authorization form enclosed. Send it, along with a cancelled or voided check to FHM Insurance Company. To expedite the process, you may fax or e-mail the signed application form and voided check however; you do need to mail the original. This information must be received 5 days prior to the next due date of the billing.

If you have any further questions regarding this program, please contact me at 407-351-1212 ext. 216 or e-mail me at Mary\_Gusler@fhmic.com. We are excited to offer you this payment program and welcome your participation.

Sincerely,

Mary Gusler  
Financial Services Coordinator

**ELECTRONIC PREMIUM PAYMENT AUTHORIZATION**

FHM Insurance Company through Wachovia National Bank as Agent is authorized to deduct premium payments and initiate credit entries as necessary. All such debit and credit entries shall be made to the account indicated below and the bank named below is authorized to debit and credit these entries to the account designated below.

**BANKING INSTITUTION** \_\_\_\_\_

**BANK TELEPHONE NUMBER** (\_\_\_\_\_) \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**TRANSIT/ABA.NO.** \_\_\_\_\_ **ACCOUNT NO.** \_\_\_\_\_

**PLEASE CIRCLE TYPE OF ACCOUNT:**      **CHECKING**      **SAVINGS**

**PLEASE PROVIDE A VOIDED OR CANCELLED CHECK**

This Authorization will remain in effect until FHM Insurance Company is notified in writing of its termination. The notice of termination must afford FHM Insurance Company and the banking institution reasonable opportunity to act on it. The undersigned represents and warrants that it is authorized and empowered to execute this Authorization of the purposes specified herein and indemnifies and holds FHM Insurance Company harmless from any damage, loss or claim resulting from authorized actions hereunder.

**INSURED COMPANY NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**POLICY NO.** \_\_\_\_\_

**NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_

(Must have signatory authority on designated account)

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PAYMENT PLAN:**

Payments in monthly installments due on the 1st of each month.

\*\*\*Non-sufficient funds (NSF) in your account at the time of withdrawal will result in immediate cancellation of the policy\*\*\*

**NOTE:** Payments will be adjusted for quarterly self-audits; payroll/class code changes, experience modification changes and other routine matters affecting your premium. You will be notified of the actual amount two weeks prior to the 1st of the month draw date.

**Return this form with your voided or cancelled check to FHM Insurance Company, P.O. Box 616648, Orlando, FL, 32861-6648.**