

## Payment Plan Options

### Select Your Payment Plan

You can choose from any of the following payment plans; all are interest-free. After you complete this form (with your signature and date), please email a copy to Receptionist@ProAssurance.com

Please select a payment option:

- Annual
- Semi-Annual (installments of 60% and 40%)
- Quarterly (installments of 35%, 25%, 25%, and 15%)
- Nine-Pay (first installment of 20% with eight additional installments of 10%) *This option is only available through the Electronic Payment Plan (automated debit).*

### Electronic Payment Plan Registration

The Electronic Payment Plan (EPP) allows you to benefit from the security and convenience of automatic electronic payment. All payment options are available with EPP. Complete the following section if you wish to register for electronic payments.

#### Your Financial Institution Information

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:     Checking     Savings

- I hereby authorize ProAssurance Indemnity Company, Inc. (ProAssurance) and the financial institution named above to initiate entries as scheduled on the EPP statements I will receive from the account referenced above. This authority will remain in effect until cancelled by me in writing. I can cancel the authority and stop payments at any time by giving the financial institution and ProAssurance written notice at least ten days prior to my next scheduled payment date.
- I have included a voided check (only if you've selected "Checking" as the account type).

The options selected above will go into effect with the first installment of your policy's renewal.

Policyholder Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Authorized Representative (print name): \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_