

**Automatic Bill Payment** gives you the convenience, security and savings of no hassle premium payments automatically withdrawn from your account. You save time, money and insure 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.

With flexible payment options you can choose to make your first deposit, monthly installments or make a one time payment on your policy.

## 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.



Save **time** and **money** with the convenience of **automatic bill payment**

I authorize FirstComp and my financial institution named on the authorization form to deduct the payment specified from the enrolled account. I understand my automatic payment will be deducted on the due date of each bill. I have the right to stop the deduction by contacting FirstComp in writing to discontinue transfer payments and timely notification to my financial institution prior to payment due date. FirstComp reserves the right to cancel a policy should the account have insufficient funds on the date of payment (indicated on monthly notice). This will be done only after proper legal notification. A fee of \$25.00 will be assessed to any non-sufficient fund transfer.

## Frequently Asked Questions

- Q.** How does **Automatic Bill Payment** work?
- A.** **Automatic Bill Payment** allows FirstComp to automatically deduct your policy premium payments once you have completed the Authorization Form.
- Q.** Why should I use **Automatic Bill Payment**?
- A.** **Automatic Bill Payment** saves you time and money--No checks to write and no bills to mail!
- Q.** What if I want to cancel the service?
- A.** No problem. Just contact FirstComp in writing to discontinue automatic payments and notify your financial institution prior to payment due date.

PLEASE PRINT OR TYPE

Name (as shown on your statement)

Policy Number

Address

City State Zip Code

Daytime Telephone Number (including area code)

#### PAYMENT INFORMATION

Deposit & installments     Installments only

One-time payment  
Date of payment \_\_\_\_\_ Amount of payment(s) \$ \_\_\_\_\_

Please check one:     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, or for a one-time payment on the date specified above.

In making this 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:**



**FIRST COMP™**  
Automatic Bill Payment

Omaha, NE  
Toll Free Phone: (888) 500-3344  
Toll Free Fax: (888) 500-1236

Attach voided check here