



**Joint Underwriting Association for Midwifery
and Birthing Centers Malpractice Insurance**

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Bellevue, WA 98015
(425) 636-1065 Fax: (916) 781-5650
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EFT/Credit Card Payment Authorization Form

Thank you for selecting the JUA for your professional liability coverage. Schedule your payments to be charged to your debit/credit card or your bank account via EFT. Just complete, sign and return this form to get started! (EFT available only for monthly payments. A check is required for the first payment.)

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your bank account, debit card, Visa, MasterCard, American Express or Discover card. You will be charged the amount indicated below for each billing period. If for any reason the attempt to charge your primary account fails, we will automatically debit your secondary account for that payment. If no secondary account is provided, you will need to send payment via paper check within 10 business days to avoid a lapse in coverage. If your automatic payment fails three times in a row, you will be converted to the next less frequent payment plan (e.g. from monthly to quarterly, quarterly to annually). You agree that no prior-notification will be provided unless the payment date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Midwifery & Birth Ctr Malpractice Ins Joint Underwriting Association/Joint Underwriting Association for Midwifery and Birthing Centers to charge my bank account/credit/debit card(s) indicated below for \$_____. **Annually Quarterly Monthly One Time (Select one)** for premium payment(s) + **transaction fees** (1.5% debit cards, 2.4% credit cards, 0.0% for EFT).

Billing Address: _____ Phone #: _____

City, State, Zip: _____ Email: _____

JUA Policyholder Name: _____ JUA Policy #:2- _____

<p>8YV]h#7fYX]h7UfX'5i h cf]nUh]cb</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard</p> <p><input type="checkbox"/> Amex <input type="checkbox"/> Discover</p> <p>7\YW]Z Debit</p> <p>Name 'cb' 7UfX. _____</p> <p>Account Number: _____</p> <p>Exp. Date: _____</p> <p>CVV (3-4 digit number on back or front of card): _____</p>	<p>9: H#57< '5i h cf]nUh]cb (Monthly payments only)</p> <p>Name on Account: _____</p> <p>Account Number: _____</p> <p>Routing Number: _____</p> <p>Check all that apply:</p> <p>Account Type: Checking Savings</p> <p> Business Personal</p> <p>Bank Name: _____</p>
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SIGNATURE _____
(Electronic signatures will not be accepted)

DATE _____

I authorize the above-named business to charge the credit card/bank account indicated in this authorization according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the event that the charge to the primary credit card fails for any reason, I agree that the secondary account will be charged. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card(s) and that I will not dispute the payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.