

Automatic bill payment:

Workers compensation and businessowners policies

Convenient
Secure
Easy



Automatic bill payment gives you the convenience, security, and savings for workers compensation and businessowners policy premium payments to be automatically withdrawn from your checking or savings account. You save time and money, and ensure your payments are always on time without the worry of lost or misplaced payments. Markel's free automatic bill-payment service is the easiest way to make your premium payments.

2 ways to get started:

Register online

Go to markelinsurance.com/smallbusiness and click on "Pay my bill" to access the mPortal login

OR

Send in the form

Complete the Authorization form below, detach, and return to Markel with a voided check

Electronic statements

In an effort to "go green" and reduce the amount of paper you receive, Markel offers eStatements (electronic statements). By selecting eStatements in the Authorization form, you will receive an email alert when a statement is available online in mPortal for review. Customers set up on eStatements will not receive paper statements, however, you can start receiving paper statements at any time by contacting Markel at 888-500-3344.

Authorization agreement

I authorize Markel and my financial institution, named on the authorization form, to deduct the amount billed each month. I understand my automatic payment will be deducted on the due date of each bill. If payment is unable to be drafted, I understand there may be a returned payment fee.

Policies in good standing and set up on Electronic Funds Transfer (EFT) will automatically renew on the policy effective date each year and the down payment for the renewal policy will be withdrawn on the policy effective date. If I do not wish to renew my policy with Markel, or do not wish to have the down payment taken from my account and/or the EFT process continued, I must notify Markel two (2) business days prior to the renewal policy effective date.

Authorization form

NOTE: All contact information is required

Name (as shown on your statement)

Policy number

Email address

Address

City State Zip code

Daytime telephone number (including area code)

I authorize Markel 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. In making the authorization, I agree to the authorization agreement and receipt of eStatements (if selected above).

Signature of account holder
(form cannot be processed without signature)

Date

I would like to receive eStatements.

Down payment and installment information

Account type: 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)

ABA/routing number (9 digits at bottom of your check)

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Send a **VOIDED CHECK** and **this Authorization form** to:

Markel
Automatic bill payment
P.O. Box 3009, Omaha, NE 68103-0009

Fax: 402-505-4826
Email: AccountsReceivable@MarkelCorp.com

