



ACH Debit Authorization

Account # _____

Combined Premium Finance (CPF) and/or loan servicer is hereby authorized to debit our account, indicated below, for all amounts specified in our Premium Finance Agreement. Such amounts represent deferred payments due under the terms of our Premium Finance Agreement. This authorization form shall extend to include any revised payment amounts, late charges, NSF charges and charges which may result from revisions to our Premium Finance agreement. In the event the debit falls on a weekend or holiday, CPF or loan servicer may debit the account on the next succeeding business day.

Insured's Name: [Print] _____

Bank Information:

Bank Account Title [or name]: _____

Bank Name: _____

Bank ABA or Routing Number [9 digits]: _____

Bank Account Number: _____

Type of Account: Checking [] Savings []

Bank Account Authorized Signature: _____ Date: _____

Contact Information:

Email: _____

Mobile Number: _____ Office: _____

A copy of a voided check must be attached:

“Attach VOIDED CHECK here or on a second page”