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AUTHORIZATION AGREEMENT FOR ELECTRONIC TRANSFER OF FUNDS
(ACH DEBITS)

I (we) hereby authorize Premium Finance Corporation to initiate debit entries to the bank and account listed below. This authorization is to remain in full force and effect until such time as Premium Finance Corporation receives written notification from me (us) of the termination of this contract in such time and manner as to afford Premium Finance Corporation and the banks involved a reasonable opportunity to act on it. The undersign represents and warrants that he/she is an authorized representative of the proposed insured and can bind it to the terms contained herein. I (we) are aware that the payment may be withdrawn from the account listed below up to 2 days prior to the actual payment due date. I (we) are aware if funds are not available for the payment from account listed below and Premium Finance Corporation is notified of Non Sufficient Funds I (we) are aware we will be assessed a Non Sufficient Funds Fee. I (we) have attached a copy of a VOIDED check for the account listed below.

Authorized Signature: _____ Date ___/___/___

Print Name of Signer: _____

Insured/ Business Name: _____

Insured Phone Number: _____

Insured E-mail Address: _____

Insured's PFC Account Number: _____

Agent Name: _____

Bank Name: _____ Branch _____

City: _____ State: _____ Zip: _____

Bank Routing Number: _____

Account Number: _____

A Copy of a Voided Check or Down Payment Check MUST be Attached

PLEASE CHECK ONE OF THE FOLLOWING:

___ Please debit my (our) account with an electronic funds transfer for this ONE TIME ONLY payment of \$_____. on _____ day of the month

___ Please set my (our) account up for electronic transfer debits each month for my monthly payments of \$_____. on _____ day of the month

View your account at: www.pfcins.com