

AGENTS PREMIUM FINANCE INC

P.O. BOX 2687

MANDEVILLE, LA 70470

FAX 985-612-1103

Email: info@truckinsurance.cc

THIS IS AN AUTHORIZATION TO DEBIT MY BANK ACCOUNT FOR PAYMENT FROM AVAILABLE FUNDS BY ACCESS THROUGH A COMPUTER SYSTEM WITH THE INTENT TO OBTAIN INSURANCE SERVICES.

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS
[ACH DEBITS]**

BUSINESS

NAME AGENTS PREMIUM FINANCE, INC

I (we) hereby authorize Agents Premium Finance, Inc, to initiate a onetime computer debit entry in the amount of

\$ _____ to my (our) Checking account, indicated below and the depository named below, herein after "DEPOSITORY", to debit the same to such account. I further authorize Agents Premium Finance, Inc. to debit said account for such amount allowed by law in the event a debit entry is rejected by the Depository.

DEPOSITORY

NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____ - _____

TRANSIT / ABA NO. _____ ACCOUNT NO. _____

This authority is to remain in full force and effect until Agents Premium Finance, Inc. has received written notification from me(or either of us) of its termination in such time, but no less than 3 business days before any payments are due to be made, and in such manner as to afford Agents Premium Finance, Inc . and DEPOSITORY a reasonable opportunity to act on it.

CLIENT NAME _____

DATE _____ SIGNATURE(S) _____

DRIVERS LICENSE # _____ STATE _____

THE CUSTOMER(S) WHO SIGNED THIS AGREEMENT HAS RETAINED A COPY OF THE AGREEMENT

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

TO ENSURE ACCURACY, PLEASE SCOTCH TAPE A COPY OF THE FILLED OUT CHECK TO THIS FORM THEN FAX IT TO: 985-612-1103