

BUSINESS AUTHORIZED TO DEBIT/CREDIT ACCOUNT

Authorized Business Name:

Peoples Premium Finance (hereinafter called COMPANY)

Authorized Business Address:

600 SW Jefferson, Suite 204, Lee's Summit, MO 64063

ACCOUNT HOLDER INFORMATION

Account Holder Name:

Account Holder DBA (if business account):

Company Name:

Account Holder Address:

City:

State:

Zip:

Contact Name:

Relationship:

Contact Phone:

Quote Number:

ACCOUNT HOLDER INFORMATION

Bank Name:

Branch City:

State:

Zip:

How to find your Routing and Account Numbers on your check:

I: 123456789 I: 1234567890123

Bank Routing Code

Bank Account Number

Payment Amount:

Bank Account Type:

Payment Type:

Checking

Savings

Installment

Down Payment

Bank Routing Number (9 digits):

Bank Account Number:

ACCOUNT HOLDER INFORMATION

I (we) hereby authorize COMPANY to withdraw loan payments from my account with the financial institution I have indicated. The financial institution is authorized, pursuant to the terms of any respective premium finance agreement I may have with the Company, to debit the amount(s) currently due, including any fees or other charges. The authority remains in effect until I give 30 days written notice of its termination or until the Company or my financial institution provides 10 days notice that this direct debit has been terminated. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If ever an incorrect amount should be entered into my account, I authorize my financial institution to make the appropriate adjustment.

Account Holder Signature:

Account Holder Name (please print)

Date: