

Pre-Authorized Agreement for Direct Pay (ACH Debits)

To: IPFS Corporation

Date: _____

IPFS Corporation is hereby authorized to debit our checking account (indicated below) for all amounts specified in our Premium Finance Agreement representing deferred payments due under the terms of our Premium Finance Agreement. This authorization shall extend to include any revised payment amounts, late charges, NSF charges, charges which may result from revisions to our Premium Finance Agreement, or other amounts due to IPFS Corporation under the terms thereof.

This authorization is to remain in effect until we have provided written notification to the contrary to IPFS Corporation. We understand that up to thirty days' written notice may be required.

Insured's Name: (Print) _____

Insured's Signature: _____

Bank Information: (*checking accounts only*)

Bank Account Title (or name): _____

Bank Name: _____

Bank City, State: _____

Bank ABA or Routing Number (9 Digits): _____

Bank Account Number: _____

For Internal Use:

Account Number: _____

A check marked "Void" must be attached

checking accounts only