FIRST INSURANCE® FUNDING
A WINTRUST COMPANY

450 Skokie Blvd, Suite 1000
Northbrook, IL 60062
Ph (800) 837-3707 Fax (800) 837-3709

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Customer Information

Agent/Entity ID(s) _____
(if applicable)

Customer Name

Street Address

City State Zip Code

Confirmation Type (Select One)
☐ Email ☐ Fax

Confirmation Contact(s) _____
(Up to two email contacts)

Phone# _____ ***Email Address(es)*** _____

Fax# _____

Bank Information

Institution Name

Street Address

City State Zip Code

Transit Routing Number
|: |_|_|_|_|_|_|_|_|_| |:

Your transit routing number appears at the bottom of your checks between the markings indicated above.

Account Number

Account Name

Account Type (Select One)
☐ Checking ☐ Saving

I authorize First Insurance Funding Corp. to deposit loan proceeds with the financial institution I have indicated. The financial institution is authorized to credit those funds to the account indicated.

The authority will remain in effect until I have given 30 days written notice of its termination or until First Insurance Funding Corp. or my financial institution has given me 10 days notice that this direct deposit 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.

_____ _____
Signature Date

_____
Print Name