



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

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

**Customer Information**

Customer Name		
Street Address		
City	State	Zip Code

**Agent/Entity ID(s)** \_\_\_\_\_  
*(if applicable)*

**Confirmation Type (Circle 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   :   _   _   _   _   _   _   _   _   _   :
Account Number		Your transit routing number appears at the bottom of your checks between the markings indicated above.	
Account Name		<b>Account Type (Circle One)</b> 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