



CUSTOMER AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS [ACH CREDITS]

COMPANY

NAME Premium Finance Brokerage, LLC

I(we) hereby authorize the Company named above (the "COMPANY"), to initiate credit entries to my(our)
[]Checking []Savings account (select one) indicated below and the depository named below, hereinafter
"DEPOSITORY", to credit the same to such account.

DEPOSITORY

NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____ - _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

Please Check Those That Apply:

This is a Bank Account of a Natural Person

This Account is Used for Commercial/Business Transactions

This authority is to remain in full force and effect until COMPANY 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 COMPANY and DEPOSITORY a reasonable opportunity to act on it.

CLIENT NAME (Business or Personal as Appropriate) _____

DATE _____ SIGNATURE(S) _____

PRINT NAME (S) _____