450 Skokie Blvd, Suite 1000
Northbrook, IL 60062
Ph (800) 837-3707 Fax (847) 509-7105

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT

Customer Information

Loan#(s) _____
(if available)

Customer Name

Street Address

City State Zip Code

Contact(s) _____ Email Address(es) _____

Phone# _____ 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

Account Type (Circle One)
Checking Saving

I authorize First Insurance Funding Corp. 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 First Insurance Funding Corp., to debit the amount(s) currently due, including any fees or other charges.

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 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.

_____ _____
Signature Date

_____
Print Name