



**Authorization Agreement for Recurring Payments  
by Direct Pay (ACH Debits)**

**Date:** \_\_\_\_\_

**To:** National Premium Budget Plan Corporation (hereafter “NPBPC”)

**From:** \_\_\_\_\_  
Insured / Borrower’s Name (Company and/or Individual Name)

I (we) hereby authorize **NPBPC**, and its assignees, to debit our checking or savings 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 under the terms thereof.

This authorization is to remain in effect until **NPBPC** and **DEPOSITORY** has received written notification from me (or either of us) of its termination in such a time and manner as to afford **NPBPC** and **DEPOSITORY** a reasonable opportunity to act on it. We understand that up to thirty days’ written notice, or more, may be required.

Account Type, **mark one:**                    \_\_\_\_\_ **Checking**     or     \_\_\_\_\_ **Savings**

**Account Name:** \_\_\_\_\_

**Depository Name:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Insured / Borrower’s Authorized Signature:** \_\_\_\_\_

**A check marked “VOID” must be attached.**  
  
*Please do not staple.*