



National
Premium Budget Plan

ACH Credit Pre-Authorized Agreement (Single Disbursement)

Please complete and return this form along with a voided check by either - mailing to us at P.O. Box 108832, Oklahoma City, OK 73101-8832, or by faxing to us at 877- 642-0909, or by scanning and e-mailing to us at office@npbplan.com.

Agency/Brokerage or Insurance Company Information

Company Name _____

Address _____

City _____ State _____ Zip _____

Please select your ACH Credit Advice delivery method

___ Fax # _____ Contact Person _____

___ E-mail Address _____

Company ACH Authorization Statement

Date _____

To: National Premium Budget Plan Corporation, its parent, subsidiaries, agents and/or assigns (collectively "NATIONAL"), are hereby authorized to make credit entries to the bank account indicated below for any amounts representing loan proceeds, return premiums, insured payments or fees relating to premium financing provided through the Agency/Brokerage identified in this agreement. This authorization includes, without limitation, any additional amounts resulting from revisions to a premium finance agreement. This authorization shall remain in effect until affirmatively withdrawn in writing. Up to thirty days' written notice may be required. Agency/Brokerage agrees to indemnify and hold NATIONAL harmless from and against any claims, demands, suits, damages or causes of action arising out of or in any way related to NATIONAL's possession or use of any information, including without limitation financial or account information, obtained in connection with this authorization.

Sincerely, Authorized Party:

Name _____ Title _____ Signature _____

Banking/Account Information

Please include a **VOIDED CHECK** for the bank account you want to use for these transactions.