CAPITAL
PREMIUM FINANCING™

AUTHORIZATION AGREEMENT FOR MONTHLY LOAN PAYMENTS
(Electronic Funds Transfer)

Loan Name: _____Loan/Quote Number: _____

Loan Address: _____

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I (We) herby authorize Capital Premium Financing, Inc., hereinafter called Capital, to electronically deduct monthly installments for payment of my (our) insurance policy premiums. I (we) hereby authorize the Financial Institution indicated below to accept and post these transactions to my (our) account. Furthermore, I (we) authorize Capital to adjust said transactions to reflect any premium changes and policy changes or endorsements added to the policy. This authorization will remain in effect until I (we) provide written notice to Capital. In the event that my (our) financial institution or account number changes, I (we) acknowledge that a five (5) days advanced notice must be given to Capital before the changes take affect. Please note: EFT (direct debit) is not considered certified funds.

Financial Institution (Bank Name):_____

Routing Number: _____Account Number: _____

*Payment information will be detailed on your Insurance Premium Finance Agreement. Each noted payment will be automatically withdrawn from your account on the due date listed on the Insurance Premium Finance Agreement. In the event your installment due date falls on a weekend or a holiday, the withdrawal from the below listed account will then take place on the previous business day. **Note:** A new authorization form is required for every new loan or upon renewal.*

Account Holder Signature_____**Date**_____

Please return this completed form to Capital by one the following:

1) Mail: *Capital Premium Financing, Inc.* **2) Email:** *info@capitalpremium.net* **3) Fax:** *855-470-2628*
P.O. Box 660232
Dallas, TX 75266-0232

Upon completion of this form, payment begins on the nearest due date. If the payment is past due Capital will automatically withdraw the past due amount including any unpaid fees in order to bring the loan current.

Place Voided Check Here

Sending a copy of your check is not required, but will ensure Capital receives the correct routing number and account number to process your payment and avoid any payment processing delays.