



## Electronic Payment Authorization Form

I authorize you to debit my bank account for the payment on my premium finance loan with Imperial PFS. Please fill out the following information; so that we might process this request.

**This request is FOR ONE TIME ONLY.**

Name on Account: \_\_\_\_\_

Imperial PFS Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Amount of ACH: \_\_\_\_\_

Type of Account:                      Checking ☐    Savings ☐

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Once you have filled out the form, please submit back to Imperial PFS using the fax or email below.

Attention: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The information in this form is confidential and may contain information that is privileged or otherwise protected by law. This form is intended to be reviewed only by the individual or organization named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, or copying of this form and its attachments is prohibited. If you have received this form in error, please immediately notify the sender at the number listed above and arrange for the return or destruction of this form and its attachments.