



**Pathward, National Association
Recurring ACH Authorization for Direct Debit**

Conveniently have your payments automatically debited from your bank account. Simply e-mail this completed form to service@pathward.com or visit us online at www.pathward.com/premiumfinance, select "Insured/Borrowers" from the Login dropdown menu, and follow the prompts for setup.

Borrower Information

Pathward Quote or Account #: _____

Business Name: _____

Address: _____

Email Address: _____

Bank Account Information

Bank Account Holder Name: _____

Bank Name (Financial Institution): _____

Bank Account #: _____

Bank Routing #: _____

Account Type (Checking or Savings): _____

I certify that I am the Borrower or an official representative thereof, that I have the authority to execute this Agreement and to authorize these recurring ACH Debit payments on the Borrower's behalf, and that all information regarding the above-referenced Borrower and Bank account holder(s) Information is true and correct. I hereby authorize Pathward, National Association (hereinafter called "Pathward"), to initiate regularly scheduled recurring ACH Debit transactions from the bank account indicated above on the due date or business day after the due date should the due date fall on a non-business day, for any and all installments due under the Pathward quote or account number listed above, and if necessary, post credits to the account electronically. The Borrower acknowledges that the amount being debited is subject to change in the event that the Borrower finances an additional premium or a credit endorsement refund is applied to the Pathward account. It is agreed that this authorization shall remain in effect until the loan balance is satisfied or until it is canceled by the Borrower through written notice to terminate the authorization. The Borrower agrees to notify Pathward in writing of any changes in its bank account information at least 15 days prior to the next scheduled payment due date. In the case of an ACH Transaction being rejected or returned for any reason, Pathward may suspend future electronic debits, and may request an alternative form of payment. The Borrower understands that it may be charged fees, as allowed by applicable law, if payment is declined. To guarantee processing, the completed Recurring ACH Authorization Agreement must be received by Pathward no more than five (5) calendar days after the current payment due date. Pathward will not be liable for any damages, losses, or other liabilities as a result of or in connection with the termination or flat cancellation of your coverage due to any reversed, returned or rejected ACH debit.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

5080 Spectrum Drive, Suite 750E, Addison, TX 75001

Questions? Contact a Premium Finance Professional at (800) 299-5626 or e-mail service@pathward.com