



## EFT AUTHORIZATION AGREEMENT

### Insured's Account Information:

Name:	PREMCO Loan / Quote #:
Address:	

I (we) hereby make, constitute, appoint and authorize Premco Financial Corporation, hereinafter called COMPANY, as my/our true and lawful attorney to charge to my/our account at the financial institution named below, hereinafter-called DEPOSITORY, and to credit the same to my account with COMPANY. I/We acknowledge that charges to my/our account will occur in accordance with my/our Loan / Quote# as indicated above (and subsequent accounts) and may be adjusted or corrected for events including but not limited to endorsements, administrative error, and/or insufficient funds until my/our account balance is paid in full.

### Insured's Bank Account Information

Bank Name:	City:	State:
Routing #	Account #	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

This Power of Attorney and authorization is to remain in full force and effect for this account and all of my/our subsequent accounts until COMPANY has received written notification from me (us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it, but in no event will occur later than three business days prior to the scheduled date of transaction. I/We further understand that sufficient funds must be available at the time each transfer is processed. In the event that there are insufficient funds, Premco will charge up to the maximum NSF fee permitted by law. If this authorization is for a Corporation or LLC, the undersigned is an officer of said Corporation or a member of the LLC and authorized to execute this authorization on behalf of the Corporation or LLC.

**Tape a voided check (checking) or deposit slip (savings) here. Please verify that the account and routing transit numbers are correct.**

**NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

### Insured's Signature(s): *DON'T SIGN UNLESS YOU HAVE READ & UNDERSTAND ALL TERMS AND CONDITIONS OF THIS DOCUMENT*

Name: (Please Print)	Signed:	Date:
Name: (Please Print)	Signed:	Date:
Name: (Please Print)	Signed:	Date: