



NATIONAL PARTNERS

**AUTHORIZATION AGREEMENT FOR
RECURRING PAYMENTS (ACH DEBITS)
FAX COMPLETED FORM TO 720-930-4341
or E-MAIL TO CustomerService@NationalPartners.com**

For National Partners Quote # _____

INSURED hereby requests and authorizes National Partners PFco, LLC (and its affiliates and service providers), hereinafter called "COMPANY" to initiate debit entries to INSURED's bank account for applicable funds and fees related to INSURED's insurance policy and/or premium financing agreement. Funds will be withdrawn from the bank account listed below at the depository financial institution named below, hereinafter called "DEPOSITORY."

NAME ON ACCOUNT: _____

DEPOSITORY (BANK) NAME: _____

DEPOSITORY CITY, STATE, ZIP: _____

DEPOSITORY ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from INSURED of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable time to act on it.

INSURED: _____

INSURED PHONE: _____

EMAIL ADDRESS: _____

SIGNATURE: _____

NAME : _____

TITLE: _____

DATE: _____

TAPE BLANK and VOIDED CHECK HERE

If no check is attached, National Partners will rely on the accuracy of the form above. Any error in the form input versus Insured's actual account and bank information may result in a payment default, as the ACH payment will not be properly credited.

National Partners accepts no liability for any costs, potential payment default or notice of cancellation issued due to error in the form inputs received by National Partners.