



**AUTHORIZATION AGREEMENT FOR
RECURRING PAYMENTS (ACH DEBITS)
FAX COMPLETED FORM TO (305) 269-9115
or E-MAIL TO contactSPF@securitypremium.com**

For Security Premium Quote / Account # _____

INSURED hereby requests and authorizes Security Premium powered by National Partners (and its affiliates, service providers, and agents), 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 Funds will be withdrawn from the bank account listed below at the depository financial institution named below, hereinafter called "DEPOSITORY."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: _____

E-MAIL ADDRESS: _____

PHONE: _____

NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

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DO NOT STAPLE