



NATIONAL PARTNERS

# ACH Debit Authorization Agreement

NATIONAL PARTNERS PFCO LLC.

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**PREMIUM  
FINANCING  
SOLUTIONS**

Effective Date: (MM/DD/YYYY)

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**QUOTE NUMBER (INTERNAL USE ONLY)**

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 Funds will be withdrawn from the bank account listed below at the depository financial institution named below, hereinafter called "DEPOSITORY".

## INSURED INFORMATION

Insured Name:

Phone Number:

Address:

City:

State:

Zip Code:

Email Address:

## BANKING INFORMATION (ACH DEBIT)

Bank Name:

Bank Phone Number:

Bank Address:

City:

State:

Zip Code:

Account Holder's First Name:

Account Holder's Last Name:

Account Number:

Account Routing Number:

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

## ATTACH VOIDED CHECK BELOW (TAPE NO STAMPLES):

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.

**FAX COMPLETED FORM TO 720-930-4341 or E-MAIL TO CustomerService@NationalPartners.com**

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