National Partners
PREMIUM FINANCE

Effective Date: (MM/DD/YYYY)
/ /

# Recurring Payment Authorization (ACH & Credit Card)

ACCOUNT/QUOTE NUMBER(S)

If multiple accounts or quotes apply, list all account/quote numbers.

## INSURED INFORMATION

Insured First Name: | Insured Last Name: | Phone Number: | Email Address:

Address: | City: | State: | Zip Code:

## BANKING INFORMATION FOR ACH DEBIT AUTHORIZATION

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 Funds will be withdrawn from the bank account listed below at the depository financial institution named below, hereinafter called "DEPOSITORY".

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

## CREDIT CARD INFORMATION FOR AUTHORIZATION

I, hereinafter called "INSURED", hereby authorize National Partners PFco, LLC (and its affiliates, service providers, and agents) hereinafter called "PFco", to initiate charges to the credit card indicated below for payment of the PFco loan. This authorization is to remain in full force and effect until PFco has received written notification from INSURED of its termination, in such time and in such manner as to afford PFco a reasonable time to act on it, or PFco has provided written notification to INSURED of its termination.

We currently accept Visa, MasterCard, Discover, and American Express.
A convenience fee, charged by our third-party provider, will apply to your payment.
The fee for new accounts is 2.90% of the transaction amount, depending on your account or program type.

Name on Credit Card: | Credit Card Number: | Expiration Date: (MM/YYYY) / | Security Code:

Billing Address: | City: | State: | Zip Code:

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.

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

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