National Partners
PREMIUM FINANCE

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

Recurring Payment Authorization (ACH)

ACCOUNT/QUOTE NUMBER(S)

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

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 Funds will be withdrawn from the bank account listed below at the depository financial institution named below, hereinafter called "DEPOSITORY".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

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

Rev. 08/2026

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