

ACH DEBIT ONE TIME AUTHORIZATION FORM

Please complete this document and return by mail or fax to Budget Installment Corporation in order to have your premium finance payments automatically debited from your account. Budget Installment Corporation will deduct the payment on the due date, or the closest business day to the due date.

Please attach a copy of a blank check so we can verify your account information.

Insured Account Information

Business Name: _____

Contact Name: _____

Phone Number: _____

Loan Number: _____

Payment Amount: _____

Due Date: _____ **Commercial or Personal Account:** _____

PLEASE ATTACH CHECK

You authorize the information you have provided to be used to automatically debit your bank account for your payment amount as indicated. You also affirm that the information you have provided is correct, that you are a signer on the account and there are available funds in the account to cover the amount of this transaction.

Authorized & Agreed to by:

By: Title: Date:

Budget Installment Corporation

1050 Franklin Avenue – Suite 204

Garden City, New York 11530

800-557-3000 Phone 877-678-2235 Fax