

ACH DEBIT AUTHORIZATION FORM

Please complete this document and return to your agent with your signed premium finance agreement, or fax to 877-678-2235 or scan and email to newbusiness@bicfinance.com 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.

Business Name: _____

Contact Name: _____

Email address: _____
REQUIRED FIELD

Phone Number: _____

Quote or Loan Number: _____

Payment Amount: _____

Due Date: _____ **Number of Payments:** _____

Personal or **Commercial bank account** **Savings** or **Checking bank account**

PLACE VOIDED CHECK HERE OR ATTACH ON SEPARATE PAGE

7-09

You authorize the information you have provided to be used to automatically debit your bank account each month for your payment amount as indicated on the premium finance contract(s) between you and Budget Installment Corporation. You understand that any additional fees – including but not limited to late fees, non sufficient funds fees and cancellation fees – will also be charged to the provided account should they accrue. 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. You may terminate the authorization by giving Budget Installment Corporation 15 days written notice at the address listed below.

Authorized & Agreed to by:

By: **Title:** **Date:**

Budget Installment Corporation

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newbusiness@bicfinance.com