



ACH Debit Authorization Agreement

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CUSTOMER INFORMATION

Customer Name: _____ Business Name (if applicable): _____

Mailing Address: _____ Loan No.: _____

Phone Number: _____ Email Address: _____

BANK ACCOUNT INFORMATION

Financial Institution Name: _____ Account Holder Name: _____

☐ Checking ☐ Savings Routing Number (9 digits): _____ Account Number: _____

PAYMENT AUTHORIZATION

I hereby authorize **Premium Finance Now, LLC**, its subsidiaries, affiliates, successors, assigns, servicing agents, and authorized representatives (collectively, "PFN") to initiate electronic debit entries from the bank account identified above and, if necessary, to initiate credit entries or adjustments to correct any debit entry made in error. This authorization applies to amounts due pursuant to any agreement, contract, loan, premium finance agreement, insurance financing agreement, payment plan, renewal, extension, modification, or other obligation that I have with PFN. Authorized debits may include, without limitation: scheduled installment payments, down payments, past-due amounts, renewal payments, NSF or returned payment fees, contractually authorized charges, amounts necessary to correct processing errors, and any other amounts authorized under applicable agreements.

TERMS AND CONDITIONS

1. Authorization: By signing below, I authorize PFN to electronically debit the designated account for authorized payments and fees due under any applicable agreement with PFN. **2. Representation of Authority:** I represent and warrant that: a) I am an owner of the account or otherwise have authority to authorize debits from the account; b) The information provided is accurate and complete; 3) The account is maintained at a U.S. financial institution. **3. ACH Processing:** All ACH transactions will be processed in accordance with applicable federal and state laws and the Rules of the National Automated Clearing House Association (NACHA). **4. Returned, Rejected, or Dishonored Entries:** If a debit is returned, rejected, disputed, or dishonored for any reason, PFN may: Re-present the transaction as permitted by law; Initiate a subsequent ACH entry for the payment due; Contact me regarding alternate payment arrangements; and Assess any fees authorized by my agreement and permitted by law. **5. Insufficient Funds:** I understand that I am responsible for maintaining sufficient available funds in my account to cover all authorized debits. **6. Changes to Banking Information:** I agree to promptly notify PFN of any changes to my account information. PFN may require a new authorization form before updating account information. **7. Cancellation of Authorization:** This authorization will remain in effect unless and until revoked in writing. To stop future recurring debits, PFN must receive written notice at least 30 business days before the next scheduled debit date. Termination of this authorization does not: Cancel any underlying contract or payment obligation; Forgive any amounts owed; or Prevent PFN from pursuing other lawful payment methods. **8. Errors and Disputes:** If I believe an ACH transaction was processed incorrectly, I agree to notify PFN as soon as possible so the matter may be investigated and resolved. **9. Electronic Communications and Signatures:** I agree that electronic signatures are legally binding to the same extent as handwritten signatures. Copies, facsimiles, electronic records, and electronic signatures may be used as originals for all purposes. PFN may retain this authorization electronically. **10. Indemnification:** To the extent permitted by law, I agree to indemnify and hold harmless PFN from losses, claims, costs, or expenses resulting from incorrect account information provided by me or my unauthorized revocation of a properly authorized payment. **11. Governing Law:** This authorization shall be governed by applicable federal law and the laws of the state governing the applicable finance agreement, without regard to conflict-of-law principles.

CUSTOMER ACKNOWLEDGMENT AND SIGNATURE

By signing below, I acknowledge that I have read and understand this ACH Debit Authorization Agreement. I authorize Premium Finance Now, LLC and its affiliates to initiate ACH debit entries to the account identified above. I understand that revoking this authorization does not eliminate any payment obligations that I owe to PFN.

Account Holder Name: _____

Signature: _____ Date: _____

NOTICE: ACH transactions are governed by federal law and NACHA Operating Rules. Please retain a copy of this authorization for your records.