

Direct Deposit Authorization Form

BROKER

Agency Name: _____ Agency Code: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

BANK ACCOUNT INFORMATION

Financial Institution Name: _____

Account Holder Name: _____

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

TERMS AND CONDITIONS

1. Authorization: By signing below, I authorize PFN to electronically credit the designated account for authorized commissions 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 credits to 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. Changes to Banking Information:** I agree to notify PFN of any changes to my account information promptly. PFN may require a new authorization form before updating account information. **5. Cancellation of Authorization:** This authorization will remain in effect unless and until revoked in writing. To stop future recurring credits, 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. **6. 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. **7. 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. **8. 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. **9. 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.

BROKER ACKNOWLEDGMENT AND SIGNATURE

By signing below, I acknowledge that I have read and understand this Direct Deposit Authorization Agreement. I authorize Premium Finance Now, LLC and its affiliates to initiate ACH credit 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: _____