

PRE-AUTHORIZED AGREEMENT



ipfs.com

Direct Pay (ACH Debits)

IPFS Corporation is hereby authorized to debit our account, indicated below, for all amounts specified in our Premium Finance Agreement. Such amounts represent deferred payments due under the terms of our Premium Finance Agreement. This authorization shall extend to include any revised payment amounts, late charges, NSF charges, charges which may result from revisions to our Premium Finance Agreement, or other amounts due to IPFS Corporation under the terms thereof. The funds should be available in the account as of the payment due date. In the event the debit falls on a Saturday, Sunday or holiday, IPFS Corporation may debit the account on the next succeeding business day of Saturday, Sunday or holiday.

Insured's Name: (Print) _____

Insured's Signature: _____ Date: _____

IPFS Account Number: _____

Bank Information:

Bank Account Title (or name): _____

Bank Name: _____

Bank ABA or Routing Number (9 Digits)*: _____

Bank Account Number: _____

Type of Account: Checking Savings

Bank Account Authorized Signature: _____

*Note that the routing number listed on the check/deposit slip is not always the correct ABA number for ACH transactions. Please confirm with your institution.

A copy of a voided check must be attached

Once completed please return to Imperial PFS

Attention: _____ Email: _____

Phone: _____ Fax: _____



THE NATURAL CHOICE.®

NATIONWIDE STRENGTH, LOCAL PARTNERSHIPS