

ACH (Automated Clearing House) GUIDELINES & PROCEDURES

1. For an account to be set up on ACH, insured needs to sign an automatic debit authorization form and forward to PFS with a voided check.
2. PFS Needs at least 10 days before the next payment due date. If authorization is received less than ten days before the next payment due date, insured has to send in a payment for that period and PFS will initiate debit transactions the following month.

****Send back to:** PREMIUM FINANCING SPECIALISTS
PO BOX 6580
CHELMSFORD, MA 01824-0980
Phone: (978)551-9900
Fax: (978)551-9917

**PREMIUM FINANCING SPECIALISTS, INC.
AUTOMATIC DEBIT AUTHORIZATION**

Name & Address of Account Holder:
Telephone Number: () -

PFS Use Only: Quote No.: _____	Debit Begins: _____
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PFS
PO BOX 6580
CHELMSFORD, MA 01824-0980
Phone: (978)551-9900
Fax: (978)551-9917

**Please attach a voided check from your bank account
being assigned to the PFS Express Plan.**

Financial Institution: _____	Acct. No. _____
Address (City, State, Zip): _____	
Number of Payments: _____	Payment Amount: _____
First Payment Due: _____	

Note: Funds should be available on the account as of the payment due date. If the debit date falls on a weekend or holiday, PFS may debit the account on the business day prior to the weekend or the holiday.

AGREEMENT

I hereby authorize Premium Financing Specialists (PFS) to initiate electronic debit entries to the account indicated on this form, from the financial institution hereinafter referred to as BANK. I authorize BANK to honor the debit entries initiated by PFS and debit the same to such account. This authority pertains to the property and/or casualty insurance policy(ies) listed within the premium finance agreement with PFS and the schedule of payments described in the related contract. I understand that if the Bank rejects the debit entry for Non-sufficient funds or Account Closed, my account with PFS will be assessed an NSF fee, if permitted by law, of \$20 or the maximum permitted by law. I further agree that this authorization is to remain in force until (1) PFS and BANK has received written notification from me of its revocation in such time and manner as to afford PFS and Bank a reasonable opportunity to act on it; OR (2) I have received written notification from PFS that this agreement is terminated for rejection of a debit entry due to NSF or Account Closed. I understand that the amount being transferred from the account could vary based on changes made to the insurance coverage and that I will be notified of the changes prior to the transfer effective date. I also understand that if I wish to stop the automatic deductions, I must give ten days written notice to PFS.

By: (Authorized Signature) _____ Date _____

Printed or Typed Name _____ DBA _____