



I (we) hereby authorize U.S. Premium Finance or ALTOR National Liability Insurance Company, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for my (our) monthly payment toward my (our) Finance Agreement held with the COMPANY. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

\_\_\_\_\_  
 (Financial Institution Name) \_\_\_\_\_ (Branch) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Address) (City/State) (Zip)  
 \_\_\_\_\_  
 (Routing Number) (Account Number) Type of Acct: Checking Savings  
 (circle one)

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
 (Print Individual Name) \_\_\_\_\_ (Print Name listed on Premium Finance Agreement) \_\_\_\_\_  
 \_\_\_\_\_  
 (Premium Finance Account Number)  
 \_\_\_\_\_  
 (Signature)  
 \_\_\_\_\_  
 (Date)  
 \_\_\_\_\_  
 (Email Address)

<p><b>Payment Information:</b></p> <p>▶ Amount \$ _____</p> <p>▶ Payment Due Date:        _____ (mm/dd)</p> <p><i>*Date of withdrawal must be on or within 5 days of the due date on the Finance Agreement*</i></p>
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**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM**

- Notes:**
- ◆ All written debit authorizations must provide that the Receiver may revoke the authorization only by notifying the Originator in the manner specified in the authorization.
  - ◆ Single entry reversals do not require authorization by the Receiver. Therefore, previously recommended language regarding the initiation of possible credit entries is no longer stated in the authorization.
  - ◆ The underlined language in the authorization above represents the disclosure requirement associated with the clarification of OFAC economic sanction policies upon ACH Network Participants.
  - ◆ There will be a fee assessed to any account in which an ACH is returned unpaid for any reason.

Please email this original authorization form to the address below and keep a copy for your records. You may fax this document to the number below for processing in addition to mailing the original.

**billing@altorntl.com**

Phone: 844.442.5867 Fax: 844.247.8925

6805 N. Capital of Texas Hwy., Ste 241, Austin, TX 78731