



## AGENT ACH AUTHORIZATION AGREEMENT

I hereby authorize Bulldog Premium Finance, to initiate entry to my checking account indicated below and the financial institution named below to credit or debit such account as permitted by the Agent.

### AGENCY INFORMATION

---

Agency Name

---

Agent Contact for Premium Finance

Phone Number

---

Agent Contact Email Address

---

Address

---

City

State

Zip

**TOTAL AMOUNT ONE TIME AUTHORIZED:** \_\_\_\_\_

---

INSURED'S NAME

ACCOUNT NUMBER

### BANK INFORMATION

---

Financial Institutions Name

City

State

Transit / ABA Routing number:  
(one number per box)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Account Number: (one number per box)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

If at any time my banking information changes I will notify Bulldog Premium Finance immediately in writing at [customerservice@financebulldog.com](mailto:customerservice@financebulldog.com).

---

Print Name

---

Signature

Date