



AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (ACH DEBITS)

I (we) hereby authorize **Bulldog Premium Finance** herein called the CREDITOR, to initiate debit entries (withdrawals) and to initiate, if necessary, credit entries and adjustments for any debits entered in error to my (our) checking account as indicated below and depository named below, hereinafter called the DEPOSITORY, to debit and/or credit the same to such account. These funds are to be credited to my account with the debtor on the effective date of each transfer stated below.

_____ Automatic Monthly Debits, **Including All Past Due Amounts**
And/Or
_____ One-Time Debit Only In The Amount Of \$_____

The effective date of the first transfer will be: _____

*****Any subsequent automatic payments will be processed on the due date reflected in your contract until the account is paid in full or this authorization is revoked in written form.**

Bulldog Premium Finance Account Number: _____

Insured/Contract Name: _____

Insured Phone Number: _____

Insured Email: _____

Bank Name _____

Transit / ABA Routing number:

Account Number: (one number per box)

This authority is to remain in full force and effect until the creditor (BPF) has received written notification from me (either of us) of its termination in such time and in such manner as to afford Creditor and Depository a reasonable opportunity to act on it. If the routing/account number provided is not correct the payment will be reversed and a processing fee will be applied to the account. My signature below accepts acknowledgment of the above requirements.

Account Holder Signature: _____

Name (please print clearly): _____

Date: _____

When completed, please email to customerservice@financebulldog.com or fax to 954-316-3156