



Bellet & West PF Account Number: _____

AUTHORIZATION AGREEMENT FOR RECURRING PAYMENTS (ACH DEBIT)

You are hereby authorized to make credit entries to the checking account indicated below or credit card account listed below for any amounts representing loan proceeds for premium financing provided by your Companies through the Agency. This Authorization shall extend to include any additional amounts which may result from revisions to a premium finance contract.

This authorization is to remain in effect until we have provided written notification to the contrary to your Companies. We understand that up to thirty (30) days written notice may be required.

Email completed form back to paml@belletandwest.com

*****I ALSO UNDERSTAND AND AGREE TO THE \$3.00 FEE FOR ACH PAYMENT'S OR 3.25% FOR CREDIT CARDS*****

AUTHORIZED PARTY:

Name: _____ Title: _____ Signature: _____

Phone# _____ Email: _____

ACH INFORMATION:

ROUTING NUMBER: _____ BANK ACCOUNT # _____

CREDIT CARD INFORMATION:

NAME ON CREDIT CARD: _____ ZIP CODE: _____

CARD NUMBER _____ EXP: _____

SECURITY CODE: _____

INSTRUCTIONS:

A – Number of Loan Payments: _____

B – Amount of each monthly payment is \$ _____. Bellet & West will withdraw each payment on the due date. If the payment happens to fall on a weekend or holiday, the withdrawal will be deducted the next business day.

C – Any debit returned dishonored by the bank will be charged a \$25.00 return debit fee and will result in the Direct Debit payment option being cancelled for this account.

D – Email completed form to Pam Lawson at paml@belletandwest.com